

**HOSPITAL TO COMMUNITY INTERFACE :****PRIMARY HEALTH CARE SERVICES, AMBULATORY CARE SERVICES, PATIENT FLOW AND DISCHARGE PLANNING SERVICES, ALLIED HEALTH SERVICES & SEXUAL ASSAULT SERVICES****CHAPTER 45**

Continuing care and management of an individual's health falls mostly to the individual and their GP. Episodes in hospital represent a brief interaction for most individuals. People with chronic conditions tend to have more frequent contacts with the hospital system, via acute exacerbations, but the same principle applies – the locus of continuing care remains essentially in the community.

Successfully managing the community to hospital arrivals and the discharge from hospital/specialist care back into the community setting is the topic area “hospital /community interface”. This is seen to cover:

- Discharge from Emergency Departments to community care settings so as to avoid hospital admission.
- Care continuity for people with chronic diseases when they arrive at Emergency Departments or require hospital care electively – this means they are recognized as having had prior contact, and are put in touch with the staff who know their situation.
- Discharge from hospital – responsibility for “passage” either into our care in a community setting or into others' care (e.g. General Practitioners') in a community setting.

This involves the following service providers:

- Discharge Planners.
- Ambulatory Care Services.
- SWSAHS Primary Care Services traditionally called community health services.
- Patient Flow/ Bed Managers in hospitals – their role is to efficiently manage the movement of patients through a hospital system or a network of facilities, however there is a very close association with the discharge planning staff and they logically group with the above services.
- Chronic care program staff e.g. care co-ordinators, specialist liaison nurses.

The hospital-community interface requires responsibility to be assigned and a Hospital-Community Interface Program be established to:

- Improve IT – electronic discharge summaries, COMPACKS, GP-Hospital links, service directory, event notification etc.
- Develop and market standardized Intake and Risk Screening Systems.
- Enhance and review current distribution of allied health and (PHNs) and assess after hours services.
- Develop PHN networks and GP liaison positions.
- Develop Nurse Practitioner roles for Primary Health Nurses.
- Develop the role of Care Coordinators and Discharge Planners for chronic and complex patients, and enable weekend discharge to improve.
- Assess the development of an Area PADP and an Area equipment service with standard access criteria.
- Improve patient transport.
- Ensure adequate infrastructure e.g. vehicles.
- Support transitional care facility developments.
- Support the GP/Health Service collaborations and linkages, ensure community involvement and community service organization involvement.

## Primary Health Care Services

Primary health care providers are the most visible and utilised part of the health care system, and generally the first point of contact for people seeking help with their health. Primary health care services provided across SWSAHS include primary health nursing, child and family nursing, chronic and complex care, counselling services, allied health services such as speech therapy and occupational therapy, health promotion and community development, youth services, Aboriginal Health and Multicultural Health Services.

The development of health care service delivery in the face of growing demand, new technologies and new approaches to health care, mean that health services are increasingly being provided at many different sites. These developments in clinical practice have resulted in increased diagnosis, prevention, management and treatment of illness and impairment in community settings.

The demand for primary care services is expected to increase in line with the forecast population growth. Key drivers of demand for primary health care services into the future include the ageing population and general population profile, the incidence of chronic illness, socio-economic factors and changes in clinical practice.

### Current Services

A comprehensive range of primary health care services are provided across SWSAHS, encompassing the following services: -

- *Primary Health Nursing*, including acute treatments (such as wound management), palliative care, chronic disease self management, chronic and complex care, patient education, school health services, supported discharge, health promotion, immunisation, hearing and links to aged care services;
- *Child and Family Nursing* including universal home visiting, psychosocial assessment, development checks and parent education;
- *Chronic and Complex Care* including implementation of disease specific programs for specific chronic conditions; and Diabetes services to promote early diagnosis and management of diabetes in collaboration with general practice. Primary Health Nurses provide the majority of services to patients in this category with Specialist Liaison Nurses providing some education and support.
- *Counselling Services* for individuals and families with a particular emphasis on responses to child protection, sexual assault, domestic violence and low to moderate suicide risk;
- *Health Promotion/Community Development* including strategies intended to achieve secondary prevention outcomes through access to primary care;
- *Youth Health Services* including counselling services for young people, sexual and drug health services and health education/promotion programs
- *Aboriginal Health and Multicultural Health Services* including specific primary care services such as antenatal home visiting or bilingual counselling.
- *Community Allied Health Services*, which include speech therapy, occupational therapy, social work, podiatry, nutrition and psychology.

These services are delivered in a variety of settings across SWSAHS, including the home, outreach centres and community health centres. SWSAHS operates 15 community health centres across the Area at Bankstown, Bowral, Cabramatta, Campbelltown, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Moorebank, Narellan, Prairiewood, Rosemeadow, Tahmoor and Yagoona.

Primary health care services are also delivered in other SWSAHS facilities including youth health centres, family care cottages and primary health nursing clinics some of which are located in schools.

Primary health care services across SWSAHS often collaborate with a range of other service providers at the local level in the coordination and care of individual patients and clients. Key collaborators include general practitioners, other government departments, non-government organisations, educational facilities and local governments.

## RECOMMENDATIONS

- An Area Division of Primary Health Care be established with a Director of Primary Health Care.
- A standardised intake system and processes be developed across the Area, particularly for non-inpatients and those patients within the community, with standardised hours of operation, protocols etc. that provides one point of entry for consumers and referrers and enables triage to the appropriate services.
- Ongoing review of service models across the Area to ensure that they are evidence-based and meet the needs of the local communities.
- An effective Information system be established across the acute/primary health care interface to enable coordination of care, data collection and exchange of clinical information between care providers and to support improvements in clinical practice. This will also reduce duplication of investigations, diagnostics etc.
- Standard clinical indicators, clinical guidelines and protocols be developed across the Area.
- Primary health care services to include community and allied health services, patient flow, discharge, ambulatory care services and develop clear service agreements to key departments such as the Emergency Department.
- Local primary health networks be established comprising SWSAHS primary health staff, general practitioners and other primary care providers. These primary health care teams will create a mechanism for strong clinical links and care teams at a local level and enable general practitioners to take on medical leadership in the shared management of individual patients, particularly those that fall within standard care paths.
- Mechanisms be developed for SWSAHS medical specialists to have clinical governance over primary care programs through clear oversight of care protocols, pathways and consultant advice on complex patients.
- ComPacks be available across all sites.
- Services for primary health nursing and allied health be progressively enhanced to enable increased capacity within the community sector.
- An external independent review be commissioned to assist delineation of service roles for the Area Division of Primary Health Care. This to include further consultation with relevant staff.

## Ambulatory Care Services

Ambulatory Care Services across SWSAHS are provided as substitute services for inpatient care. Hence, Ambulatory Care Services are delivered in a variety of settings including outpatient settings, outreach clinics, community settings and in the home.

Ambulatory Care in SWSAHS is widely recognised as innovative, having demonstrated many savings in inpatient bed days, reduced emergency department activity and improvements in day surgery and day of surgery admission rates.

SWSAHS is therefore uniquely placed to be a Statewide leader in Ambulatory Care.

### Current Service Provision

Ambulatory Care Services provided across SWSAHS include:

#### Clinical Adult Services:

- Pre and Post Surgical Care;
- Anticoagulation;
- Infusions and Transfusions;
- Acute exacerbation of congestive cardiac patients eg. COPD, congestive cardiac failure;
- Rehydration eg. Hyperemesis;
- Acute care in nursing homes;
- Acute infections requiring IV antibiotics eg. Cellulitis, pyelonephritis;
- Acute respiratory infections;
- Chronic infections eg. Osteomyelitis;
- Medical day only services;
- Ambulatory procedures eg. Re-insertion of peg tubes, suprapubic catheters, pleural taps and lumbar punctures; and
- Continence management eg trial of void.

#### Clinical Paediatric Services:

- Intravenous treatment in the home;
- Frequent dressings for acute skin eruptions; and
- Day diagnostic centre.

#### Teaching and Research:

- Medical students of UNSW year 3,4;
- Accredited Registrar Training (RACGP);
- Nursing students;
- Advanced Nursing Clinical skills training venue; and
- Site for clinical trials.

In SWSAHS, Ambulatory Care Services currently operate according to a variety of service delivery models with various reporting systems. The Ambulatory Care Model in place in Macarthur is the most developed acute outreach service. Liverpool provides predominantly hospital based Ambulatory outpatient services and Wingecarribee operates the most integrated system between General Practitioners and Community Nurses. Bankstown and Fairfield have elements of all of these.

Five Ambulatory Care Medical Directors are appointed across the Area (that is, one to each hospital with the exception of Camden). There are 20 Ambulatory Care beds at Campbelltown Hospital and 6 at Camden. Liverpool operates 3 beds and 8 chairs, Fairfield has 4 beds and Bankstown has 6 beds.

There are opportunities to expand Ambulatory Care after hours and on weekends, eventually moving to operate 24/7.

The Macarthur Data Management System for Ambulatory Care is unique in Australia and recently received national recognition at the *Australian Safety and Quality in Health Care Conference*. The System in Macarthur is set up to identify diagnosis, issues, interventions, staff time units and outcomes and has the potential for further expansion across the Area.

In 1999, the Area Health Service determined *Integrated Minimum Care Standards for Ambulatory Care*, which set the benchmark for care in terms of hours of service operation, triaging, staffing, equipment, quality assurance, education and safety. The Area Health Service provided financial assistance to each Ambulatory Service across the Area to meet these Standards.

In 2000, the *SWSAHS Ambulatory Care Plan* was published and launched by the then Minister for Health. The Plan identified strategies to enhance ambulatory care services across the Area. An Area Steering Committee was established to develop and monitor the Ambulatory Care Plan, and the Plan has continued to be revised and reviewed.

The provision of chronic and complex care support, and the improved integration between hospital, general practitioner and ambulatory care services has achieved below Statewide benchmarks for Average Length of Stay for acute exacerbations of chronic obstructive airways disease.

The expansion of Ambulatory Care Services across the Area, coupled with the greater integration of Ambulatory Care Services and the Chronic and Complex Care Program, will yield many benefits to patients and consumers across SWSAHS, and alleviate the growth in demand for inpatient services and Emergency Department Services. Opportunity exists to expand ambulatory care at Liverpool.

## RECOMMENDATIONS

- Ambulatory care services be developed as an Area-wide Service with an Area Director.
- Campbelltown, Camden, Bankstown, Fairfield, Liverpool, and Bowral Hospitals will continue to develop ambulatory care services consistent with the role and function of each hospital.
- The ambulatory care service network be expanded towards 24-hours / 7 days per week with increased geographic equity.
- Ambulatory care specialist positions be enhanced across the Area.
- A single data reporting system be established across the Area to facilitate peer review, quality management and the development of clinical standards.

## Patient Flow and Discharge Planning Services

Patient flow begins at the point where a patient first enters or is admitted to a hospital or health care facility and extends to the time of patient discharge. Patient flow can also be conceived as commencing when a patient develops a health need.

In SWSAHS patients access hospital services through referrals, elective admissions and emergency departments. The movement of patients through the hospital system is referred to as 'patient flow'. As a patient's condition changes, patient flow incorporates the management and coordination of different types and levels of service provision, for example, community/ambulatory care and rehabilitation.

Discharge planning is a routine feature of health care provision in SWSAHS. Aims to bridge the gap between the hospital and the patient's return to the community. Discharge planning is of increasing importance, particularly in the face of growing trends for shorter stays, economic restraints and improved technology.

### Current Service

The Patient Flow Service across SWSAHS is provided on a 24 hour, 7 days a week basis. Each hospital facility in SWSAHS has Patient Flow Managers/Bed Managers manage the flow of patients through the hospital system, from admission to discharge. After Hours Hospital Managers provide an evening and weekend service.

Discharge Planners/Facilitators positions vary from hospital to hospital. Medical, Nursing and Allied Health Staff also play an important role in discharge planning across the Area.

An Area Patient Flow Manager coordinates and assists with the day-to-day management of operational issues across all hospitals in SWSAHS. The Area Patient Flow Manager also provides support and advice to each Hospital Patient Flow Manager.

Adding components such as transitional care places/beds, improving rehabilitation services will assist with patient flow. Services planning to deploy case co-ordinators or case managers to manage their large inpatient load across the Area will need to interact with the current patient flow co-ordination system. Critical to patient flow is the efficient operation of diagnostic services such as radiology and pathology and other modalities which ensure patient diagnosis and treatment is not delayed. Links to Ambulatory Care services are to be strengthened to give other options for wards and emergency departments across SWSAHS.

### RECOMMENDATIONS

- Patient flow / bed managers be formed into an Area-wide team to support the smooth transition and discharge of patients from SWSAHS hospitals.
- Staff dedicated to patient flow be enhanced.
- Ambulatory care and Primary Health support teams develop across each hospital and improve patient flow from Emergency Departments and hospital into care settings.
- An Area Discharge and Patient flow Unit be established to support, monitor and evaluate discharge and patient flow processes.

## **Allied Health Services**

Allied Health professionals are involved in the provision of an array of health services including the identification, evaluation, treatment and prevention of diseases and disorders; dietary and nutrition services; rehabilitation; counselling and support; and health systems management.

Allied Health is an amalgamation of distinct and discrete disciplines with unique and differing roles. Allied Health Disciplines across SWSAHS encompass Nutrition and Dietetics; Occupational Therapy; Orthoptics; Physiotherapy; Podiatry; Psychology; Social Work and Speech Pathology Services.

Key aspects of Allied Health Service delivery include the provision of clinical care to patients and consumers, education, quality improvement and research.

Allied Health Services across SWSAHS have experienced an increase in demand, acuity and complexity of referrals across the continuum of care. The demand for Allied Health Services will continue to increase as the population ages and grows.

### **Current Services**

All hospitals and community health settings in SWSAHS provide Allied Health Services to the residents of SWS. Allied Health Services across SWSAHS are provided within the context of multi-disciplinary, discipline-specific or condition-specific settings, and are mostly managed at a departmental level. The system for the intake of inpatients and non-inpatients varies across the Area and across the Allied Health professions.

A modified purchaser/provider model currently operates within the departmental structure of Allied Health, and is supported by a variety of formal and informal agreements. Internal links are maintained via multi-disciplinary case management processes including regular clinical meetings.

In the inpatient setting, Allied Health staff play an important role in facilitating discharge. Whenever possible, early intervention is highly desirable to accelerate restoration of function and to facilitate the establishment of practices that will minimise any disabling effects of disease or injury. The benefit of improving patient outcomes through multidisciplinary care is evident in many clinical areas such as stroke, cardiac rehabilitation, aged care and paediatrics.

In the community setting, Allied Health staff play a vital role in preventing and treating the effects of disability and disease. In addition, Allied Health staff contribute significantly to health promotion, prevention of hospital admission and improving long term health outcomes for clients.

A holistic approach to health care governs the provision of Allied Health Services across SWSAHS. The philosophy of maximising client function and empowerment, client centredness, and evidenced based practice also underpin the provision of Allied Health Services.

Allied Health services are becoming increasingly subspecialised as tertiary services develop across the Area eg hand therapy, stuttering service, rheumatology/arthritis, clinical psychology, neuropsychology etc.

Each Allied Health Discipline across SWSAHS is supported by an Area Advisor position.

SWSAHS employs a relatively young Allied Health workforce. Hence supervision by senior clinicians is important to clinical performance and patient outcomes.

SWSAHS employs the following numbers of allied health professionals across the Area:

	<b>Acute Hospital</b>	<b>Community based</b>
Physiotherapy	81	17.5
Social Work	90	51
Occupational therapy	53	23
Dietetics	29	3
Speech pathology	31	30
Psychology	8	85 <sup>1</sup>
Orthoptists	2	0.3
Podiatry	7	8

<sup>1</sup>The majority of outpatient services in psychology are in mental health.

The above table shows that a large proportion of Allied Health professionals are located in acute hospital settings, with a smaller proportion located in community settings.

There are relatively few allied health professionals with private practices in South Western Sydney.

Strengthening the academic and senior staffing infrastructure of allied health services across the Area, will enhance the provision of quality health care to both inpatients and non-inpatients in SWSAHS.

### RECOMMENDATIONS

- Allied health services be developed as an integrated Area network with an Area Director of Allied Health.
- A standardised intake system be developed with other parts of the primary health care division.
- Common protocols and standards, clinical guidelines, research, training and education be developed at an Area level.
- The allied health information management system be integrated with other information systems across the area to improve integration of information, data analysis etc.
- An Academic Allied Health Unit be established within the next five years.
- Academic positions within all of the Allied Health disciplines be established within the next five years.
- Clinical Educator positions be developed in each discipline
- Psychology services be organised into an Area-wide service with a professional structure.
- Allied health services be developed commensurate with all other clinical services development.

## Sexual Assault Services

Sexual Assault Services across SWSAHS provide specialised medical and counselling services to adults, children and young people who have been sexually assaulted. The Service operates on a 24-hour basis, 7 days a week.

In 2002/03, 807 counselling referrals were accepted by the service and 220 medical examinations were conducted. 85% of these medical examinations were provided to children under 16 years of age, and 45% were provided after hours. Approximately 600 medical follow-up services were provided for sexually transmitted diseases.

SWSAHS has the highest number of reported incidence of criminal sexual assault in NSW (157 per 100,000 population in 2002). Sexual assault affects 1 in 3 females and 1 in 5 males. Therefore, the significant population growth forecast for SWS to 2011 will directly impact on the demand for future sexual assault services in SWSAHS.

### Current Services

Sexual Assault Services across SWSAHS operate at a departmental level across the Area. The After Hours Medical and Crisis Counselling Service operates as an Areawide Service.

Medical services are provided at Liverpool Hospital on an acute or elective outpatient basis. Medical Services are also provided at the Bankstown and Rosemeadow Community Health Centres. These services include adult and paediatric assessment and examination, forensic evidence collection, toxicology, acute contraceptive cover, medical follow up and consultation. Forensic physicians provide medical services during ordinary business hours. After hours medical services are provided at Liverpool Hospital by rostered VMOs.

Counselling services are provided in community health settings across the Area and include assessment and crisis support, information, ongoing counselling, court preparation and support, groupwork programs, consultation, education and training.

The main client groups of the Service include children who have been sexually abused, rape victims and adult survivors of childhood sexual assault. A counselling service is also provided to non-offending relatives, partners and friends. In addition, a service is provided to people under the age of 10 years who perpetrate sexual violence.

### Teaching and Research

The forensic physicians at Liverpool Hospital provide education and training in the medical forensic aspects of sexual assault to SWSAHS paediatricians, registrars, Emergency Department residents, medical students, Local Joint Investigation Response Teams (JIRT) and to other government and non-government service providers.

Counselling staff provide training on request to hospital staff, non Government Organisations and other government departments.

### RECOMMENDATIONS

- Sexual Assault Services be organised as an Area wide service with Area leadership, professional development, information management, quality improvement programs and audit.
- Sexual assault medical assessment service be further developed to provide daytime services at Bankstown, in addition to Liverpool and Campbelltown.
- Sexual assault counselling services be further developed over the next five years to support group work and children under the age of ten years exhibiting sexualised behaviours.