Earlier Discharge

Delivering health care in the home Or is it?

uring 1998/99 many different groups expressed concern to the Council of Social Service of NSW (NCOSS) about the new trend sweeping the health system- earlier discharge.

NCOSS found that from a community perspective patterns of earlier discharge practice:

- · creates new care needs
- adds to the existing pressures on community care providers
- creates consumer pressure to improve the level of 'care' services provided in the community

What does the term early discharge refer to?

Rather than talking about 'early discharge' from hospital, the focus is now on the transition of the system as a whole to 'earlier discharge'.

'Earlier discharge' programs aim to extend health resources and reduce pressure on inpatient services by providing alternatives to hospitalisation and/or minimising bed stays where admission for inpatient treatment is unavoidable. Some of the growing number of post hospital support services are Ambulatory Care, pre admission and post acute care services, hospital in the home.



What do the statistics say about earlier discharge?

Across Australia there were over 3.7 million separations from public acute care hospitals in 1997/98, of which 43.3% were same day separations. Public acute hospitals also handled 32.6 million non-admitted occasions





of service in this period such as seeking emergency treatment that does not result in an admission.

Across Australia, the time a person spends in hospital is declining. In 1993/94 the average length of stay was 4.8 days.

The average length of stay in 1997/98 (including same day cases) was higher in public acute care hospitals (4.0 days) than in private hospitals (3.3 days). When you exclude same day cases it still remains higher in public hospitals 6.4 days compared to 6.0 days in private hospitals.

The longer average length of stay in public acute care hospitals, compared to private hospitals, reflects a more complex mix of patients treated in the public hospitals¹.

^{1.} CRCSSP (Steering Committee for the review of Commonwealth/State Service Provision 2000) *Report on Government Services 2000* AusInfo, Canberra.

What are good things about earlier discharge?

From statistics collected we know that keeping people out of hospital:

- decreases costs associated with hospital stay
- decreases risk of 'hospital acquired' infections
- · decreases costs per case
- provides savings in bed days
- reduces surgical and emergency department waiting times

Most people do not enjoy the experience of being in hospital so health decision makers see earlier discharge to be delivering on consumer needs.

What are some of the problems with earlier discharge?

Consumers and their advocates told NCOSS of a number of problems with 'earlier discharge'. Problems include;

people going home sicker and quicker

- increasing care demands which underfunded 'community care' services cannot meet
- increasing burdens on families, carers and friends to provide care
- confusion about who is responsible for parts of the care process, both within and beyond the health system.
- additional costs for consumers such as increased transport to attend outpatient services, payment for personal care services, and purchasing medications in the community setting.
- complex nature of the 'home' environment does not lend itself to measurement so little is know about some 'home' environments from the medical perspective. Thus decisions to discharge in some cases are not properly assessed even where policies exist to prevent inappropriate discharge.

Health care consumers, and groups do tell health service planners, politicians and advocacy organisations what they are concerned about. But there is little evidence that large scale attempts have been made to respond to consumer feedback.

What creates these problems?

A complex number of factors are believed to be at the heart of these problems. The overall statistical reduction in bed days is a result of increasing day only admissions, improved drugs and technology, combined with the de institutionalisation process reducing the number of beds for aged people, people with disabilities and people with mental illness. These are all big picture things.

On a day to day level there are three common stories put forward to explain difficulties around earlier discharge. These are:

Story 1: Fragmentation

Earlier discharge is reliant on a continuum of care from the community to the acute care facility and back to the community, however this does not yet exist.

Thus some policy makers see the solution lies in decreasing the fragmentation of hospital, community health and community care support services.

The general practitioner is seen as an essential element for improving quality of care between these different settings. But this is only one perspective. Some non government organisations are not convinced with the idea of GP as care co-ordinator.

Story 2: Cost shifting

Earlier discharge means cost shifting from the acute care sector to the community care sector. This provides hospitals with an incentive to move people more quickly through the hospital-based health system.

Many community health services are facing pressure to pick up new acute care and community care demands without additional funding. That is the health care dollar does not to seem to follow the patients home. While there may be financial needs that the medical establishment have to keep hospitals running this cannot be at the expense of continuity of care in terms of the whole person.

Story 3: Finding best practice

Some health policy makers and managers believe that the problems of earlier discharge are transitory and created by a need to find 'best practice' models for provision and organisation of post hospital services.

This view however fails to recognise the need for funding increases for community support services. It is not realistic to expect these needs to be met by community health practitioners carrying heavier nursing care loads.

What can you do?

Generally, there is lack of research and documentation that is publicly available about the effects of leaving hospital earlier. There is even less information available about the effect on disadvantaged people. You can take an active role in getting some of this information together. You can use this information to mobilise resources for the kinds of community health programs you know are needed in your community.

If you work within NSW Health you can:

Research the local patterns of post hospital use and their impact on the community

Find out what your Area Health service considers to be problems around earlier discharge for your local communities? If there is little available evidence, then propose that research into local impacts of patterns of post hospital service use are conducted and used for planning purposes. This could focus on specific population groups or the population as a whole.

Seek out documentation on Community Health use

Seek out any public documentation on availability of your local Community Health services and non-government home support services. Find out which services are focused on the Home and Community Care (HACC) target groups of ageing and disability, and which are available to the general population.

Keep the community on the agenda

This can be hard work when you are on committees dominated by clinicians who may consider that some consumer issues are another department's problem. Good health care is based on a holistic approach and considers all aspects of the consumers life.

Support any consumer reps on committees that you sit on. Team up with the consumer rep to ensure that processes and decision making about post-hospital services respond to consumer concerns.

Collaborate with NGO's

Collaborate with the non government community care support services to investigate how the changes occurring within the health sector effect grass roots service delivery. Document what you find. Use these findings to advocate for more Community Health resources.

If you are a community organisation or a consumer of the health system you can:

Lobby

Visit your state and federal electoral offices. If you have a big question that your

representatives cannot answer request that your question gets raised in Parliament. For example how much of \$2 billion of additional funds for the health system (March 2000) will go into quality community based health services?

Use political parties to build support for the goals you have for quality health care in the home.

Delegations to CEO

Bring together organisations and people in your area affected by the lack of resources in quality community based health care and request an audience with your Area Health Service CEO to put your case. Invite a Board member of the Area Health service to be present.

Lobby Bureaucrats

On some issues, lobbying bureaucrats can be as important as lobbying politicians. People in your Area Health service should be able to tell you who to lobby in your area.

Use statistics

You often need to use statistics when you want to increase awareness of a particular issue. Ask your Area Health service for the stats you need. Some helpful stats you can request, and use in lobbying, are:

- What percentage of your area health budget goes to community based services?
 Which services receive the most funding?
- What are the trends in spending in community health over the past ten years in your area?
- What is the waiting list for community health services in your area? What plans are there to decrease waiting times for community health services?

Promote services that support earlier discharge

NCOSS asked hospital social workers involved in discharge planning to describe key services needed to support earlier discharge. These included:

- night time assistance for community living
- assistance with medication regimes
- personal care
- · Home Care
- · respite care
- · meals on wheels
- transport
- home oxygen
- linen service
- family support
- community nursing.

More information on Earlier Discharge?

Further information on earlier discharge can be obtained from the NCOSS paper on earlier discharge which is due out in July 2000. If you would like to order a copy, ring 92112599 and inquire at reception. The paper is titled'Earlier discharge - how early is early?'

What can the Community Health Collaboration project do for you?

We can come to your area and speak to meetings on the issues raised within this Briefing Paper. We are available to do this from April 2000 through to October 2000. We can work with you on issues of concern and act as a conduit to government.

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