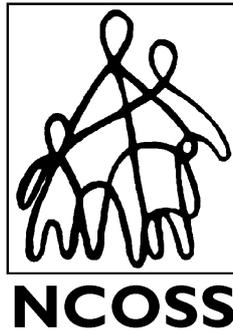


**SUBMISSION TO NSW HEALTH REGARDING THE  
DRAFT POLICY ON EFFECTIVE DISCHARGE PLANNING**



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## 1). About NCOSS

The Council of Social Service of New South Wales is the peak body for the social and community sector in NSW. We were established in 1935 to promote cooperation in the provision of community services and influence social legislation. NCOSS provides an independent voice on social and economic policy issues and reforms and is the major coordinator for non-government social and community services in NSW.

We act as a channel for consultation with government and between parts of the non-government sector with common interests and diverse functions. NCOSS works actively with our members and others towards achieving social justice for all disadvantaged people and reconciliation with indigenous people.

The NCOSS Health Policy Project is funded by NSW Health to promote community participation, advocate for disadvantaged communities and assist Non-Government Organisations (NGO) to play a more active role in health service delivery.

## 2). Background

During 1998/99 many different groups expressed concern to NCOSS about early discharge from hospital. NCOSS found that from a community perspective patterns of earlier discharge practice:

- create new care needs;
- adds to the existing pressure on community care providers;
- creates consumer pressures to improve the level of care services provided to the community.

In September 2000, NCOSS published a paper titled "Earlier Discharge Issues Paper". During the course of the Earlier Discharge Project, funded by NSW Health, NCOSS was able to consult with a range of stakeholders: consumer organisation, carer organisations, NGO's which provide services (and advocate for their communities) community health staff, hospital based social workers and other organisation with an interest in promoting consumer interest in the health system.

The project concluded that the system-wide shift to earlier discharge is creating a high level of consumer concern. There is extensive anecdotal evidence of gaps in the continuity of care which is impacting on the health of the consumers and creating new demands for families and friends who act as carers.

The project also found that planning processes were not effectively responding to consumer needs. A central problem is the lack of clarity about which government agency is responsible for providing care in the community to consumers who have been discharged. While this remains unclear, consumers are continuing to fall through the gaps. The project found a need for a statewide community care strategy and identified the lack of clarity about the responsibilities of NSW Health and the Ageing & Disability Department as a key issue.

Considering these issues have emerged from changes to delivery of services within the health system, the project recommendations were directed towards NSW Health. NCOSS once again makes the following recommendations to NSW Health:

### **3). Recommendations**

#### **Recommendation 1:**

That NSW Health fund a one-day hotline to obtain information about consumer and carer experiences of earlier discharge.

#### **Recommendation 2:**

That NSW Health refer the issue of earlier discharge to the Models of Care Implementation Group of the Government Plan of Action (Report of the NSW Health Council) to identify appropriate action to address the issues raised in this report.

#### **Recommendation 3:**

That NSW Health work with Ageing & Disability Department to develop a statewide community care strategy which documents changing care needs and clearly delineates the roles and responsibilities of each agency.

#### **Recommendation 4:**

That NSW Health collect statistical information on:

- health outcomes of earlier discharge, including rates of complication which receive treatment in the community and rates of unscheduled readmission within an extended period from discharge.
- the proportion of services identified in discharge plans which are actually provided.

#### **Recommendation 5:**

That NSW Health review the implementation of policies on discharge planning in Area Health Services across the state, and identify and address barriers to effective implementation. This process may involve the auditing of all health service providers regarding their practices in discharge planning.

#### **Recommendation 6:**

That NSW Health resource the planning processes occurring at Area Health Service level by collecting and publicly releasing data on changing patterns of need for community care services occurring in each Area Health Service and the extent to which services are currently meeting that need. It may be appropriate for NSW Health to identify a set of core services that Area Health Services are required to provide and/or fund to provide care in the community.

#### **Recommendation 7:**

That NSW Health establish effective planning processes at Area Health Service level which involve community health and NGO community care providers and consumer interests.

**Recommendation 8:**

That the NSW Health ensure that NGO's are resourced to undertake effective advocacy in the Area Health Service planning process and contribute to and/or undertake local research into new care needs.

**Recommendation 9:**

That NSW Health promote and resource stakeholders debate about earlier discharge in recognition of the significance of changing patterns of hospital and community care. The stakeholders include consumers, carers, NGO's Community Health services, academics and government agencies.

**Recommendation 10**

That NSW Health develop a primary health care strategy which addresses amongst other issues the increasing shift of resources within community health from primary health care to community care following discharge.

**Recommendation 11:**

That NSW Health establish a committee of stakeholders to work within the Implementation Group structure of the Government Plan of Action (Report of the NSW Health Council) to ensure that primary health care issues are fully integrated into the process of implementation the NSW Health Council Report.

**Recommendation 12:**

That NSW Health include an audit of all public and private hospitals within NSW with regards to discharge planning practices that includes all relevant hospital personnel, ie: medical practitioners, allied health and nursing staff. NCOSS urges NSW Health to utilise this audit opportunity to gather a statewide perspective, understanding and commitment regarding the impact and process of earlier discharge planning.

#### **4). What is Happening Now:**

In discussions with NSW Health the following policies in relation to discharge planning, were cited as the guiding light for Area Health Services to ensure that the transition is smooth and the patient is well managed:

- Better Practice Guidelines in Better Patient Management (discharge planning)
- Early Discharge Policy & Procedure
- Same Day Surgery Policy
- General Practice
- Access Block Strategy

Through its project, NCOSS was unable to obtain any evidence showing the extent to which these policies had been implemented across NSW. NCOSS is concerned that although policies have been and are being developed to address issues such as earlier discharge they are not endorsed nor adopted across the whole community sector. There continues to be a lack of uniformity across Area Health Services in addressing the issue of earlier discharge.

#### **5). Australian and NSW Evidence:**

Results of studies cited by NSW Health do not wholly reflect nor prove effective discharge planning practices. Whilst hospitals may have written policies about discharge planning or hold discharge planning meetings, there is no evidence that these processes lead to effective discharge planning practices nor that the services were actually delivered.

A study conducted by the Centre for Health Outcomes and Innovations Research (CHOIR) (McCallum et al, 1998) detailed that,

*...in 1998, a NSW Hospital undertook an audit of discharge planning referrals. The audit revealed that only 41% of clients referred to various home care services had actually received a service. Of those who had not received a service the largest number, 47%, were clients who had declined the service once they were home. It seems most likely that the reason for service being declined is linked to the waiting time referral, assessment and service commitment.*

This is consistent with reports from overseas by several authors that up to 50% of hospital readmissions particularly among chronically ill, elderly people, are attributable to the lack of supportive services in the home.

#### **6) Targets on Effective Discharge Planning:**

##### **6.1) Risk Screening:**

NCOSS welcomes the introduction of a standardised risk screening tool and believes this may assist in facilitating early notification to community care providers. However NCOSS is concerned that existing tools used by Health Services, could be substituted for

the 'new' standardised tool. NCOSS believes this will result in continued confusion, inconsistency within practices and ineffective processes. NCOSS supports the development of a uniform policy for the use of a risk screening tool.

The Effective Discharge Draft Policy states that risk screening will target 'patients with the highest needs'. NCOSS is concerned that NSW Health may define what highest need is, within the parameters of health needs only, and exclude factors such as physical, psychological, social, environmental, economic, cultural and spiritual need. For example, people who do not live alone may continue to require assistance within the home by qualified professionals, for various reasons. It cannot be assumed that all criterion will fit all human, cultural need. NCOSS strongly urges NSW Health to outline:

- A definition for highest need;
- Who will develop the standardised tool for NSW;
- Broad community sector representatives and patients/consumers who will be involved and consulted in the development of the tool.

One example is a recent study by the (CHOIR) UWS Macarthur, (McCallum et al, 1998), commissioned by the Ageing and Disability Department and NSW Health, found that screening forms usually contain at a minimum:

⇒ communication problems

⇒ ADL assistance required (NB usually relates to self care tasks rather than home and community tasks such as housework and shopping)

⇒ accommodation and presence of stairs in the home

⇒ available carers on discharge

⇒ community service use pre and post hospitalisation

⇒ substance use (eg. alcohol and smoking)

⇒ presence of discharge risks (eg. if the person has a history of falls, lives alone, has ADL problems, carer stress, has a wound to be dressed etc)

⇒ whether referral to other professional is required (eg. occupational therapist, physiotherapist, discharge planner)

⇒ equipment needed by the patient (eg. home oxygen, mobility aids)

⇒ anticipated discharge date

⇒ discharge destination

⇒ discharge transport

⇒ completion of discharge plans (eg. letter sent to GP, medications, follow up appointments made etc)

## **6.2) Completion of a Discharge Plan**

The policy does not detail clear processes nor responsibilities regarding the completion of the discharge plan. NCOSS is concerned that responsibility regarding the completion of a discharge plan has not been aligned to a certain position/s and that this may occur on an ad hoc basis.

NCOSS is also concerned that the effective earlier discharge policy lacks detail regarding the roles, responsibilities of and community resources available to discharge planners. Studies have shown that 'good practice in early discharge' is to ensure that the discharge

planner (or person/s completing the plan) is informed on the availability of post-hospital care services. This level of understanding and detail will not necessarily transfer if the discharge plan is being completed by a variety of health service providers.

The effective discharge policy does not support the inclusion of the patient and/or carer in the development and monitoring of the discharge plan. NCOSS strongly affirms that patient and/or carers should be involved at all stages of development and monitoring of the plan.

NGO service providers commented throughout our earlier discharge issues project that many referrals relating to earlier discharge were not consistent with their service objectives of preventing unnecessary hospitalisation and premature institutionalisation, and that hospital staff tended to focus on meeting medical needs rather than addressing the broader range of services required to assist people living in the community.

NCOSS supports HACC service providers who argue that for all booked patients, any involvement in post-discharge support must be notified before hospital admission. The HACC program does not have the resources to respond immediately, nor was it intended or designed to do so. In addition, discharge planners and indeed admission officers must understand which consumers of health services are not eligible for HACC (according to HACC guidelines) and make other arrangements. NCOSS believes that practices around the completion of a discharge plan will need to be rigorously reported and evaluated by NSW Health. The results of this evaluation will contribute to better practice and better health outcomes for the community.

### **6.3) Audit of Discharge Practices and Measurement of Discharge Targets**

NCOSS welcomes NSW Health's decision to audit discharge practices and measurement of discharge targets. However, NCOSS is concerned that consumers are not being included in the audit process.

Whilst the draft policy identifies an audit on a "limited number of hospitals" it does not provide detail about the exact number of hospitals involved nor the criteria in choosing which hospitals will participate in the audit. NCOSS strongly urges NSW Health to audit all hospitals within NSW that includes doctors, allied health personnel and nurses.

A study conducted by NCOSS (2000), found no evidence of effective monitoring of earlier discharge. There was no evidence that NSW Health or any organisation was checking that a consumer received the services identified in their discharge plan, or preparing consolidated data on this issue. There was no consolidated data on complaints about failure to provide community care following hospital discharge. There was no publicly available information on readmission rates and no evidence of any review of the health outcomes achieved by earlier discharge practices. To this end, NCOSS recommends the following for inclusion in the audit process:

#### **Recommendation 1:**

That NSW Health fund a one-day hotline to obtain information about consumer and carer experiences of earlier discharge.

**Recommendation 2:**

That NSW health collect statistical information on:

- health outcomes of earlier discharge, including rates of complication which receive treatment in the community and rates of unscheduled readmission within an extended period from discharge.
- the proportion of service identified in discharge plans which are actually provided.

**Recommendation 3:**

NCOSS strongly recommend that patients or consumers with and without discharge planning problems be audited about their own experiences.

**Recommendation 4:**

NCOSS strongly believe that practices around the completion of a discharge plan will need to be vigorously reported and evaluated by NSW Health. The results of the evaluation will contribute to best practice and hopefully better health outcomes for the community.

**Recommendation 5:**

That NSW Health review the implementation of policies on discharge planning in Area Health Services across the state, and identify and address barriers to effective implementation. This process may involve the auditing of all health service providers regarding their practices in discharge planning.

**Recommendation 12:**

That NSW Health include an audit of all public and private hospitals within NSW with regards to discharge planning practices that includes all relevant hospital personnel, ie: medical practitioners, allied health and nursing staff. NCOSS urges NSW Health to utilise this audit opportunity to gather a statewide perspective, understanding, and commitment regarding the impact and process of earlier discharge planning.

**7). Workshop on improving practice:**

As a result of our "earlier discharge issues paper", NCOSS is currently evaluating good practices in earlier discharge planning. NSW Health could utilise the findings of this report at their workshop.

**8). Expected Benefits:**

NCOSS notes that one expected benefit is "patient satisfaction". NCOSS is concerned about the process for assessing patient satisfaction and collating results and recommends that a randomised control trial be conducted to determine patient satisfaction accurately.

**9). Additional Concerns:**

NCOSS is concerned that at no stage throughout the effective discharge draft policy are there guidelines or processes for working with community care and community service providers in the development and responsibility of the discharge plan. NCOSS strongly recommends that non-government community service providers, consumers and carers

be involved in the process of designing discharge planning services across NSW as well as in the development and monitoring of individual discharge plans.

A consistent theme in our project and this policy is that no government agency sees itself as responsible for the provision of community care once a consumer leaves the hospital. This lack of agency responsibility for earlier discharge facilitates the lack of monitoring and evaluation, the lack of funding to meet new and growing needs, and planning processes which conform to program guidelines and stated portfolio responsibility rather than consumer health outcomes and needs. Our project highlighted a need for a statewide community care strategy which would outline and clarify the responsibilities of all stakeholders and not just NSW Health.

## **10. Conclusion:**

Whilst NCOSS welcomes the effort of NSW Health to ensure positive outcomes for people who are being discharged from hospital earlier, there are still concerns that many consumers and carers are suffering ill health and chronic illness unnecessarily.

NCOSS is concerned that the shift to earlier discharge is occurring at the same time as the shift to 'de-institutionalisation' for people with a mental illness, people in nursing homes and people with a disability. While these are welcome changes for many, the transition from institutional care to community based care increases the pressure on existing care services. The flow on effects are resulting in community health services spending increasing amounts of time on community care for people leaving hospital, leaving fewer resources for their core work of primary health care. Home and Community Care services are also facing pressure on resources which affects services for their original target groups.

NCOSS is concerned that there is no transparent, public information regarding the cost savings for hospitals in relation to earlier discharge. Unless community care services receive increased funding to address earlier discharge we are merely shifting a problem rather than addressing a problem.

## 11. References

McCALLUM et al, (1998), *Improving Post Acute Care Outcomes for Older People*, Campbelltown, Centre for Health Outcomes and Innovations Research (CHOIR), University of Western Sydney, Macarthur.