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Conference Abstract

Reducing hospital demand through community-based care

Matt Hector-Taylor, *HSA Global, New Zealand*

Correspondence to: ***Matt Hector-Taylor,*** *HSA Global, New Zealand, E-mail: mattht@hsaglobal.net*

Abstract

In 2010 and 2011 two deadly earthquakes struck the Canterbury region of New Zealand – placing even greater pressure on all parts of their health system. A new model of integrated care has helped Canterbury hospitals reduce the Average Length of Stay and readmission from elderly patients during the busy winter following these earthquakes.

The Canterbury District Health Board (CDHB) predicted the region would run out of hospital beds by 2014 and fast-tracked its CREST programme. Community Rehabilitation Enablement Support Team (CREST) is a community-based rehabilitative supported discharge for older people. It also supports patients to be functionally independent to avoid future re-admissions.

CREST is based on a collaborative care model, where a number of health professionals work together to manage care for the patient. The interdisciplinary CREST team consists of staff from Older Persons Health Specialist Services, community based care providers, general practitioners and allied health professionals.

The Collaborative Care Management Solution (CCMS) is the shared information management platform for the programme. CCMS is used to enter and manage the patient's care plan and goal ladder and any patient assessments, notes or medication information. The various healthcare providers responsible for the patient's care – primary, secondary and community health professionals – can all access the information in real-time, make changes or updates and communicate with each other in a quick and efficient way. With CREST, clients improve their ability to function independently and the need for residential care or long-term home care is reduced.

From a funding perspective, CREST uses a different funding model that is based on an alliance arrangement between the care providers and the funder. Care is funded for a team delivering the service and health outcomes, not for individual outputs. Each patient has a team of providers surrounding them, coordinating their care, and keeping them out of hospital. Data from CCMS is used to support a quality improvement process across all care providers involved and is critical to improving patient outcomes.

CREST was introduced in April 2011, and more than 1,700 patients were kept out of hospital in the first year of the programme. More than 4,000 people have had their hospital length of stay reduced by management in the programme without a subsequent increase in readmission rates.

Other benefits include better communication and teamwork, seamless care for patients, a reduction in errors and time savings.

The results speak for themselves. Demand for community aged-care dementia services increased by 6.6%, while demand for rest home care fell 6.7% and hospital care remained stable between 2011 and 2012. The region's spending on aged care fell from $22.25 million in 2010 to $21.9m in 2011 as demand moved to more appropriate community care settings.

CREST has since been extended to accept referrals directly from GPs, avoiding a hospital admission altogether.

This presentation will outline learnings from this successful rehabilitation and admission avoidance service that could be adapted for managing older persons' health in other countries, including the paradigm shift needed to implement a new model of community-based care.

Keywords

aged care; acute; demand management; admissions