



# Complex care for the elderly in the community

## Community Ward

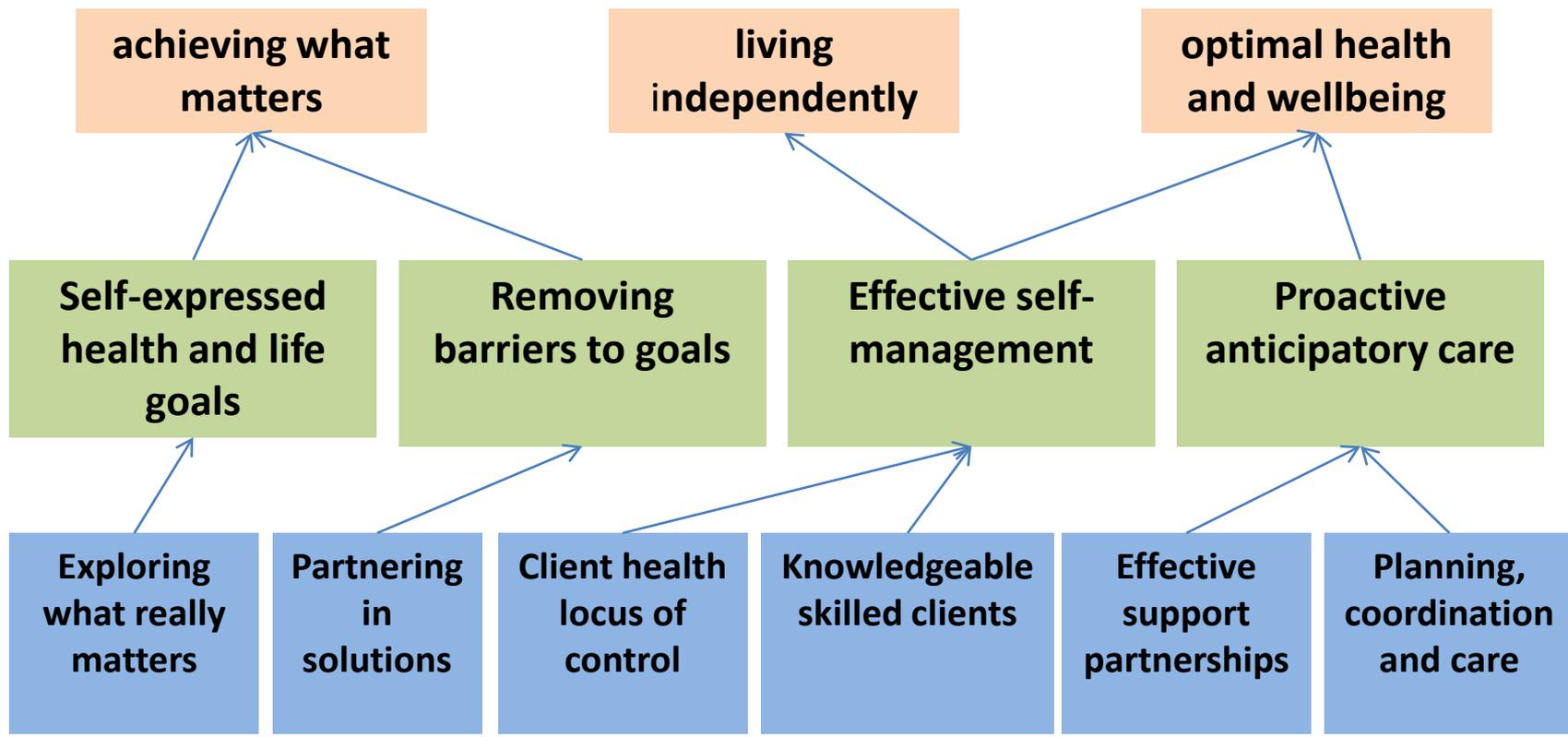


# Why is complex care for the elderly important in the Alpine Community?

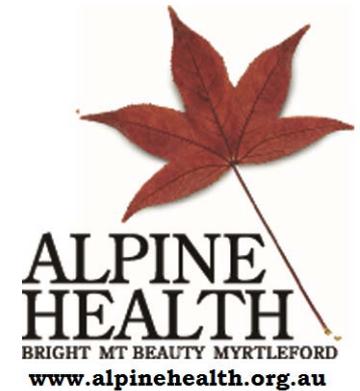
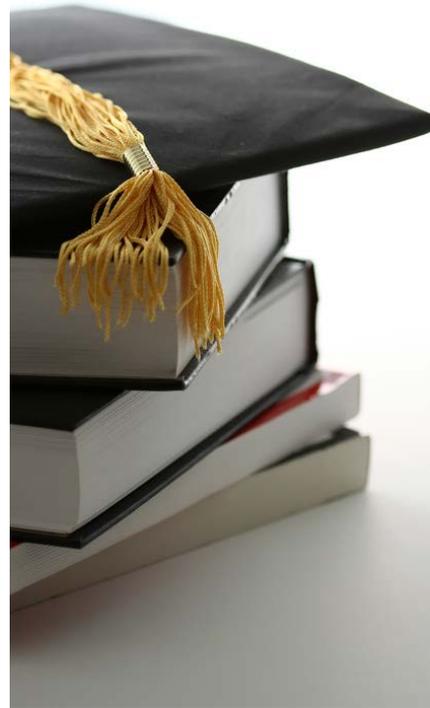




Aim: Older people with complex care needs achieve what matters to them, living independently at home with optimal health and wellbeing



# Community Ward Project

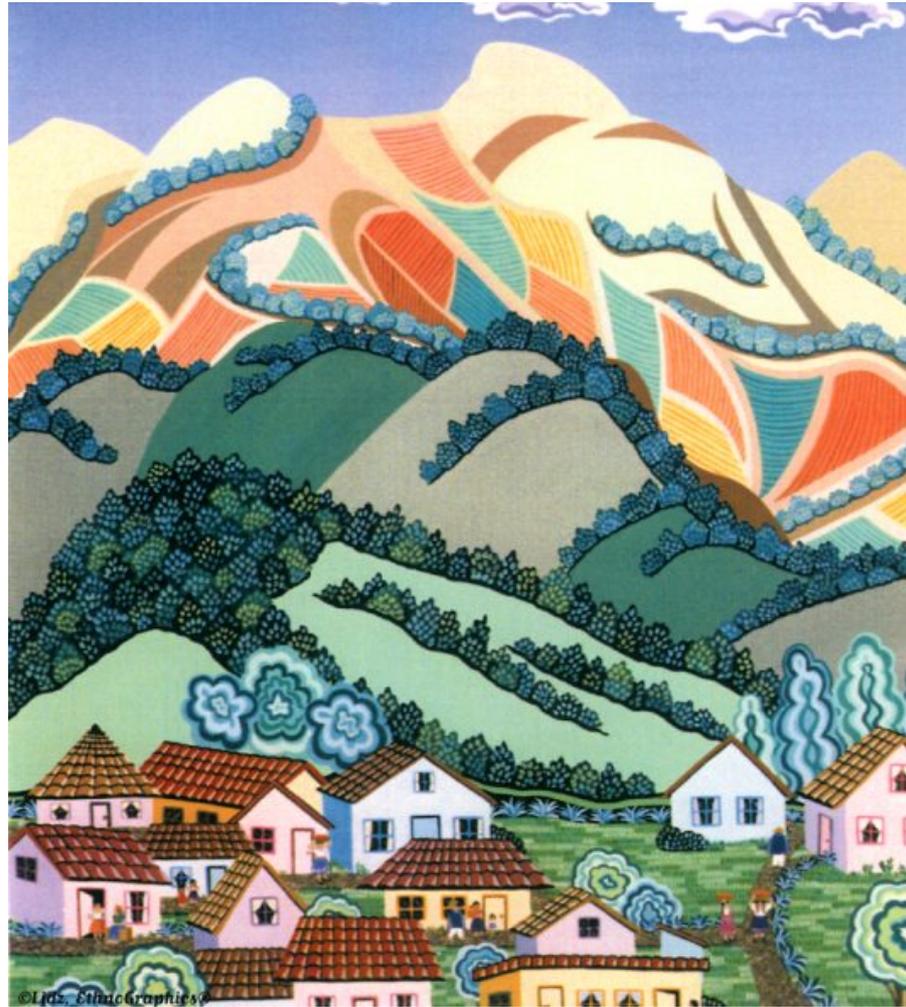


# Community Ward

**Community  
Ward**



# What does a Community Ward look like?



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# Some challenges

- Identifying those patients at risk (as opposed to high need)
- Finding interventions that reduce unplanned presentations in that population cohort
- Determining which patients are amenable to preventive care
- Ensuring that Roemer's Law is not undermining the strategy
  - Positive correlation between
    - number of short-term general hospital beds available per 1,000 population; and
    - number of hospital bed-days used per 1,000 population
  - Roemer's Law: A hospital bed built is a hospital bed filled



# Principles from the literature

- socio-economic status impacts on emergency admissions
- continuity of care with a GP = lower risk of admission.
- Integrating health & social care may be effective in reducing admissions.
- Integrating primary & secondary care can be effective in reducing admissions.
- Case management in the community and in hospital is not effective in reducing generic admissions
- Case management is effective for patients with mental health problems and may be effective in heart failure.
- Acute assessment units may reduce avoidable admissions.
- Early review - senior clinician in the emergency department is effective. GPs working in the emergency department is effective in reducing admissions.
- lack of evidence on the effectiveness of combinations of interventions

(adopted from Geraint Lewis' Bradshaw presentation 2012)

# Referrals by clinicians – the evidence (adopted)

from Geraint Lewis' Bradshaw presentation 2012)

Assessed the predictions made by

- Junior, middle-grade and senior doctors
- Case managers
- Discharging nurses

▣ “...none of the AUC values were statistically different from 0.50 (i.e., chance)”

▣ Allaudeen N, Schnipper JL, Orav EJ, Wachter RM, Vidyarthi AR. Inability of providers to predict unplanned readmissions. *J Gen Intern Med.* 2011;26(7):771-6

- ...so the opportunity to coordinate patient intelligence is likely to be important into the future.





# What works

- Directly engaging the Community and Service Partners through our Annual Service Planning processes;
- Advocating for funding models that don't stifle innovation
- Advocating for measures of performance that support flexibility in meeting needs
- Engage in local appropriate service redesign and promote partnerships across the primary and secondary care and the local government domains
- Establish 'joined up' population data and more unifying health and wellbeing objectives.



# What Works

