

Community Ward: getting ahead of the game

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Conjointly configuring a service model in consultation with an available workforce around the management of long term conditions is one of the major challenges facing health and social care systems worldwide. In rural areas, access to care supports for managing long term conditions can be particularly challenging.

A demonstration project, as part of a Health Workforce Australia grant initiative in 2012, which focused on complex care for the elderly in the community, saw the development of a Community Ward model at Alpine Health. This model, albeit with small numbers, has been able to demonstrate a range of outcomes including that:

- the prevention of unnecessary admissions to hospital is possible
- the coordination of workforce effort across service domains is possible
- predictively engaging people in an anticipatory care model facilitates earlier intervention
- the establishment of intervention success measures in long term illness interventions must consider contamination effects of the environment and other behaviours over time
- there is significant value in harnessing existing community assets for the co-production of health promotion initiatives.

The Community Ward model is based on similar international models and was designed as a combined service and workforce development model for delivering multidisciplinary case management. The model has the dual purposes of;

- using a predictive model to identify people who are at high risk of future emergency hospitalisation
- aligning these individuals with a coordinated anticipatory care focused workforce for a period of intensive, multidisciplinary preventive care in home using the systems, staffing, and daily routines of a hospital ward construct.

The ability to replicate, transfer and scale the Community Ward model concept was an important consideration of the project. Key enablers of the Community Ward model include the following points:

- 'joined up' primary and secondary care patient intelligence

- the ability to influence the MBS national policy development to encourage system behaviour in the direction of early, predictive intervention
- the establishment of a set of 'organisational readiness' metrics for those organisations that are planning workforce and service reform, to act as a checklist so managers commissioning this type of change can reliably perform an organisational gap analysis and apportion resources strategically
- recognition of the MPS model as flexibly appropriate in the small rural setting to facilitate the re-apportionment of workforce resource from secondary to primary care with service development
- a commitment to a broader organisational improvement strategy, such as a clearly defined planning structure and or improvement framework.