Peninsula Health

HealthLinks:

Peninsula Health

Dr Gary Braun

15/03/2017

Building a Healthy Community, in Partnership

Paradise !

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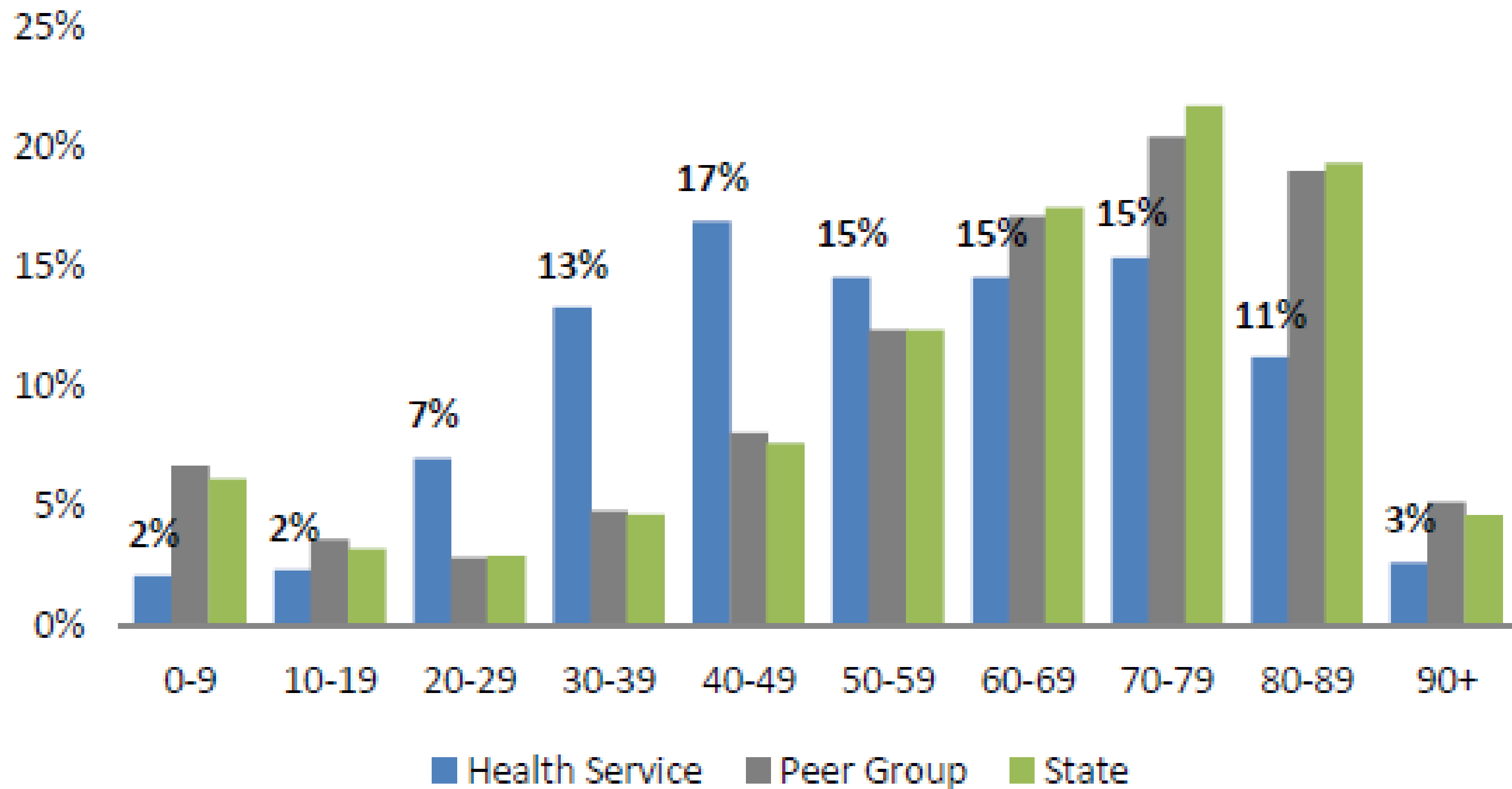
Paradise !



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Post Discharge Care - Identified Problems:

1. Historical overlay

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Post Discharge Care - Identified Problems:

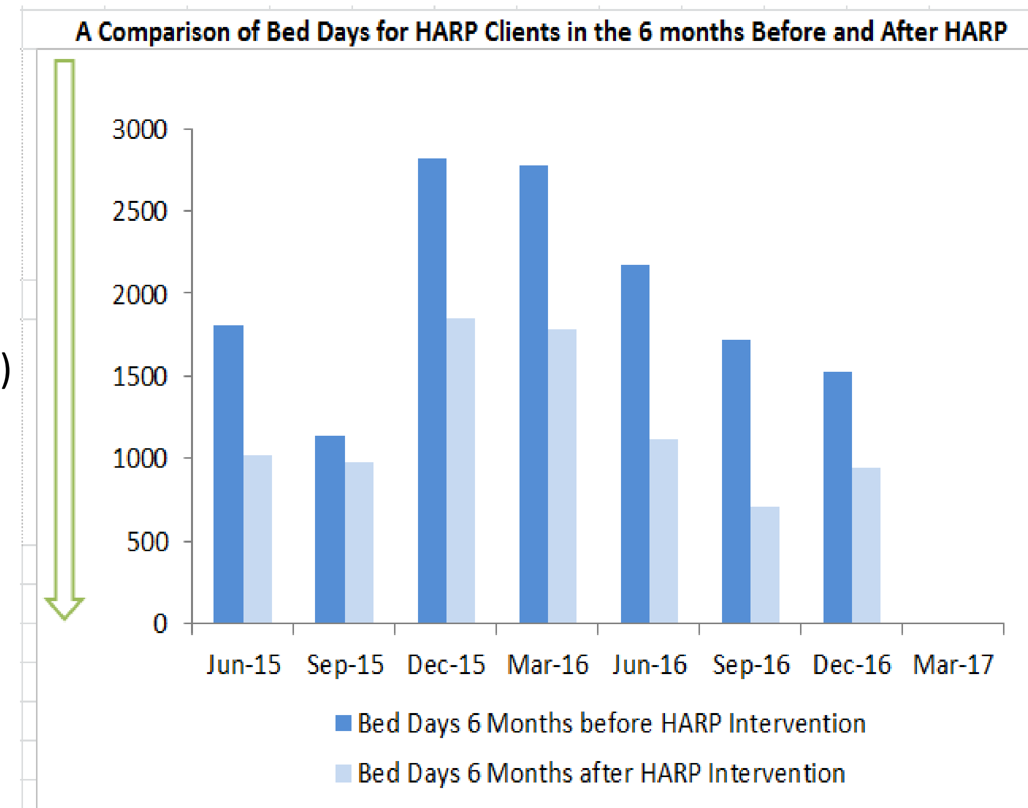
1. Historical overlay

2. Current success

HARP

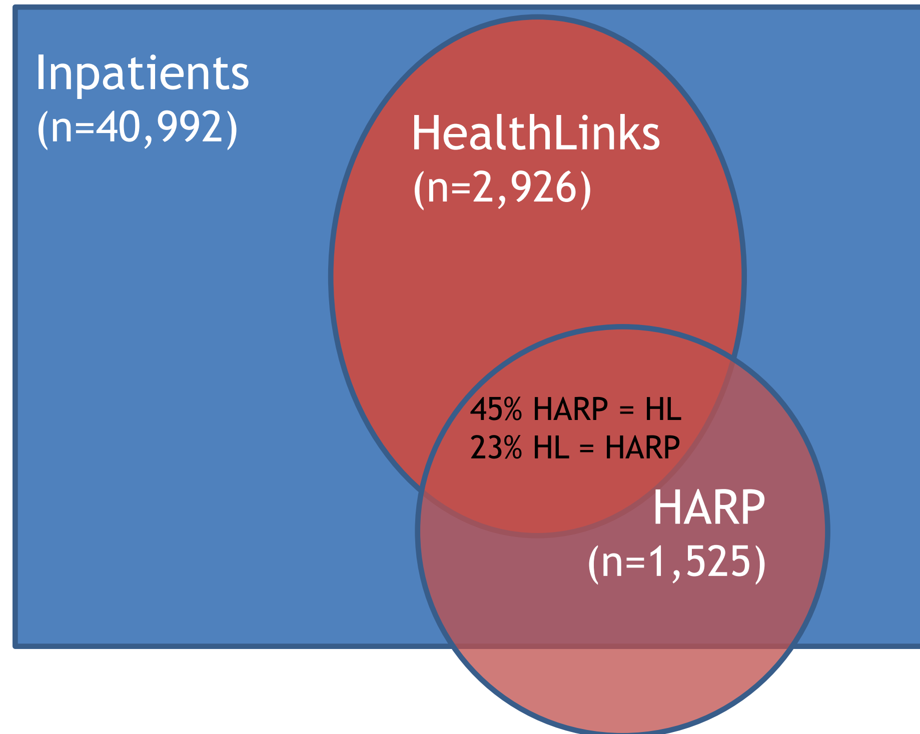
19,000+ contacts in 991 patients

↓ IP admissions = 47% (Jan to Jun 2016)



Post Discharge Care - Identified Problems:

1. Historical overlay
2. Current success
3. Referral patterns



Post Discharge Care - Identified Problems:

1. Historical overlay
2. Current success
3. Referral patterns
4. Process issues

Rejection

Intervention and readmission timelines doesn’t match

Time to readmission

30.7% within the first 2 wk

42.9% within the first 4 wk

80.2% within the first 6 mo

Aims:

HealthLinks

- ✓ local connections / ↑ education / self-reliance
- ✓ No ↑ in anxiety / depression
- ✓ ↑ resilience / QOL
- ✓ ↓ representations to ED / readmissions

Integrate seamlessly into Post-Discharge Program

- ✓ **Identify pts who only need short term, light touch input**
- ✓ Local research to effect transformational change of our Post D/c processes eg: assess HL-ve referrals

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PH Model of Care:

Automatic alert

IP assessment at day -1 / develop Care Plan

Intensive input:

- GP r/v, Physician r/v, Medication r/v
- education, self management
- phone calls, concierge function
- involvement in *local* Community Care services

Start small, and build over time

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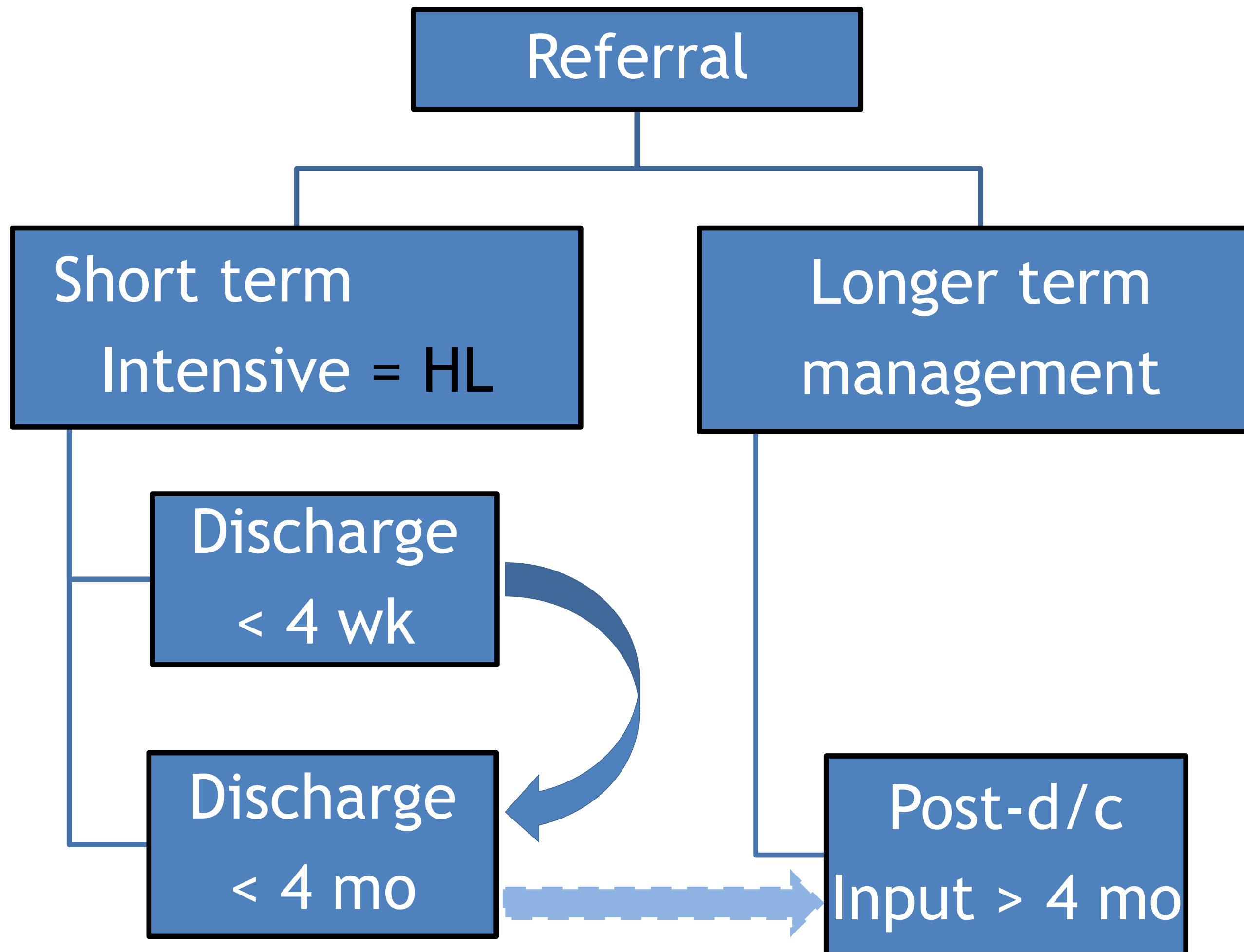
Plan:



Homeless
Family violence
Alcohol / drugs
Opiates +++
Active psych
Frail

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