

ComPacks Program Overview

Master class October 2015



ComPacks

Connecting hospital to home

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ComPacks 101

- **Short term** community care package
- **Up to 6 weeks** following hospital discharge.
- Inpatients in NSW Public hospitals who require **immediate** access to **case management** and a **combination of community services**.
- Important patient flow tool for NSW hospitals

Aim of ComPacks program:

- Reduce a person's **unnecessary length of time in hospital**.
- Prevent **avoidable readmissions**

Components of ComPacks

Case Management

Community Support Services

Some of the services provided are but not limited to:

Transport



Domestic Assistance



Social Support



Client's needs & goals

Meals



In Home Respite

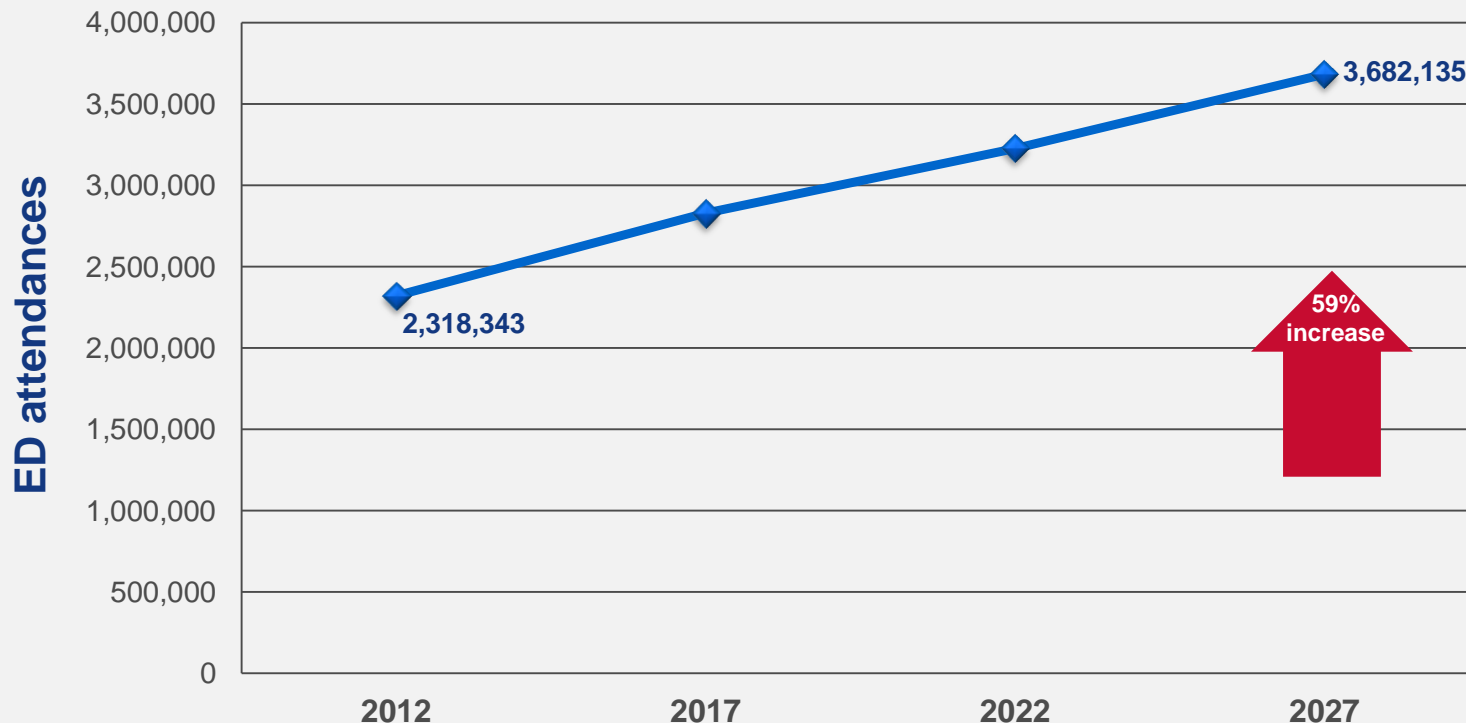


Personal Care



Why the need for Home based Care?

Predicted ED attendances in NSW

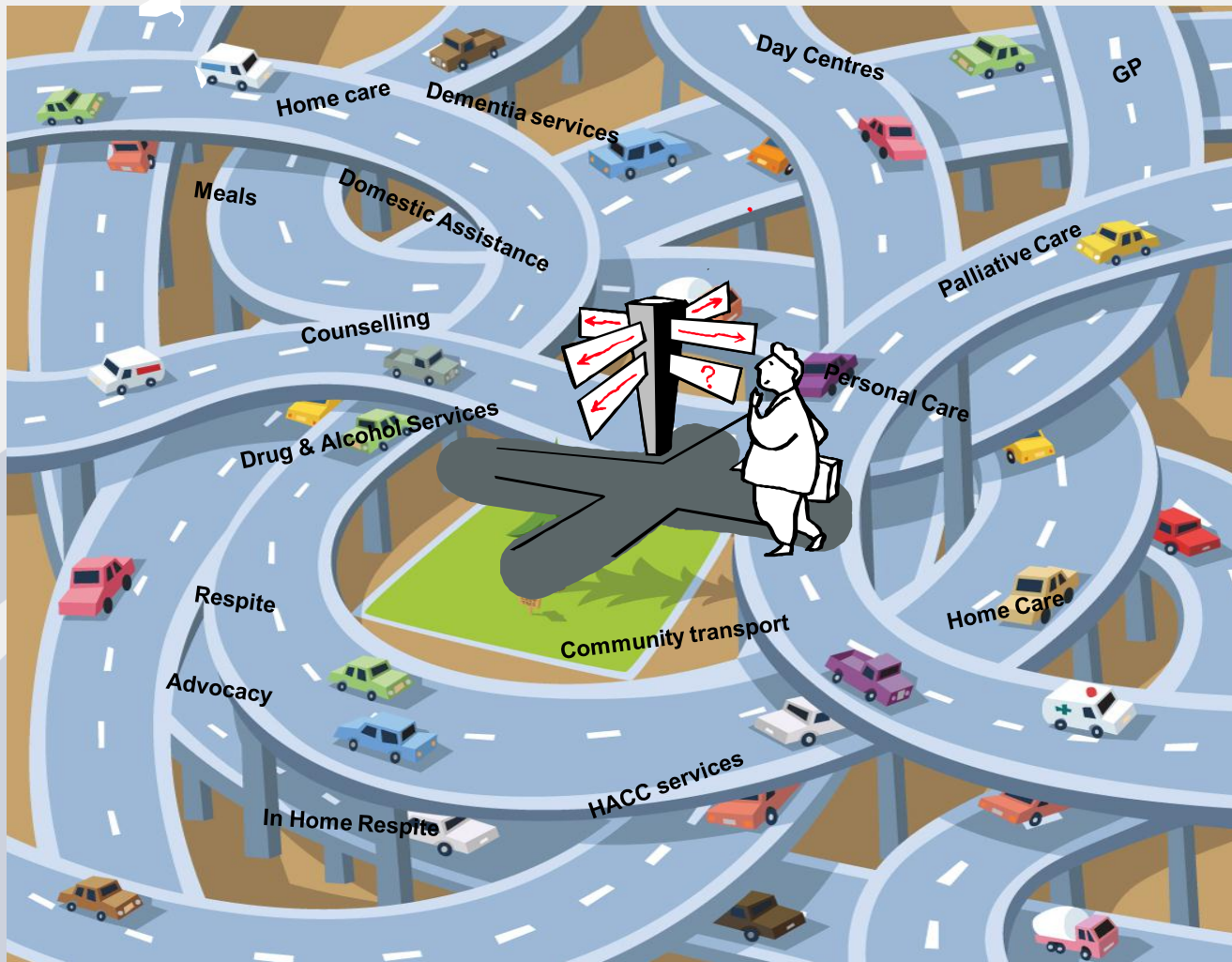


State Health Plan: Towards 2021

“move beyond the ED to create a better connected health system

Why ComPacks?

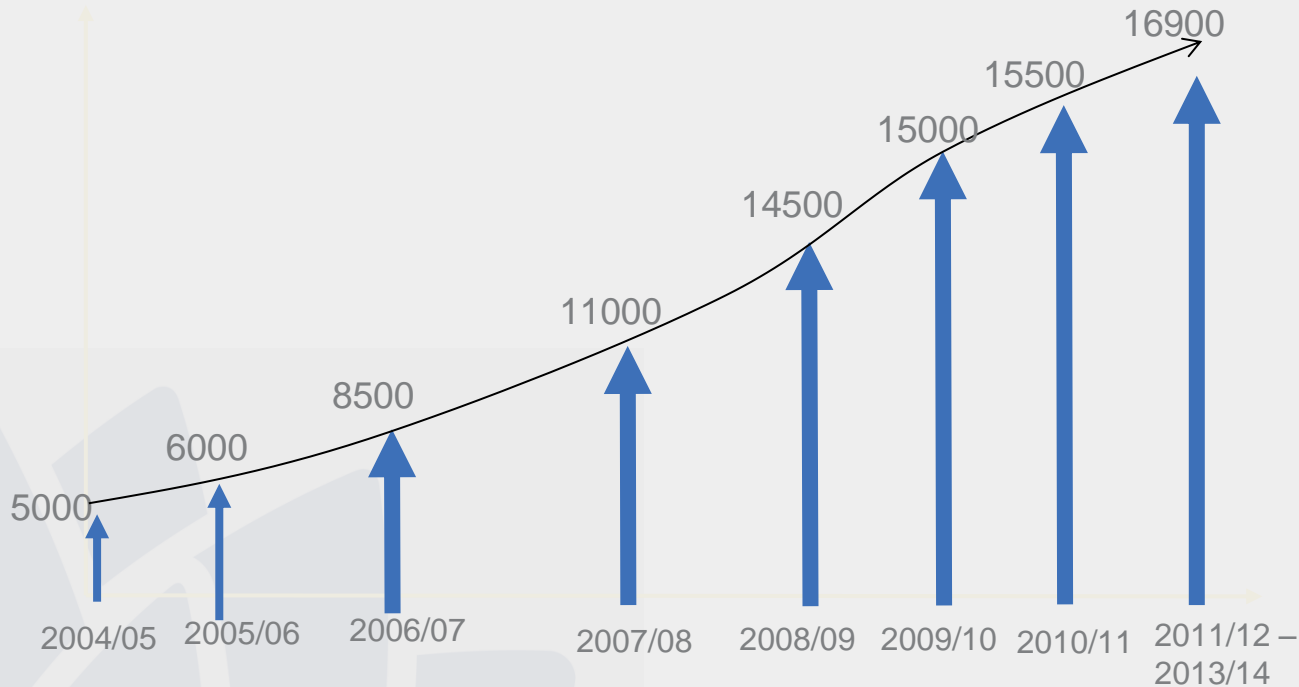
Community Sector



Target Group

- **Inpatients** in participating **NSW public hospitals – 145 across NSW**
- Patients identified as being at **risk of re-admission** or a **longer stay** in hospital due to lack of home/community supports
- Patients with **short term** community support needs (up to 6 weeks) or those that can be linked into ongoing community support
- **All ages** although - 67% over 75 years of age 2014/2015

ComPacks – Across NSW



2014/15 service
delivery budget

= **\$23.7M**

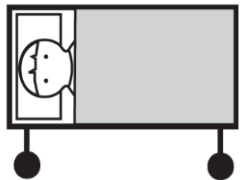
State Funding

- 145 public hospitals across NSW (those that are under bed pressure)
- 16,900 referrals 2014/15

The ComPacks Model

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In Hospital

Home

After ComPacks

Eligibility

Referral

Assessment
of patient's
needs/goals

Community Case Management

Community Services:

ComPacks up to a maximum of 6 weeks

Discharge from
service

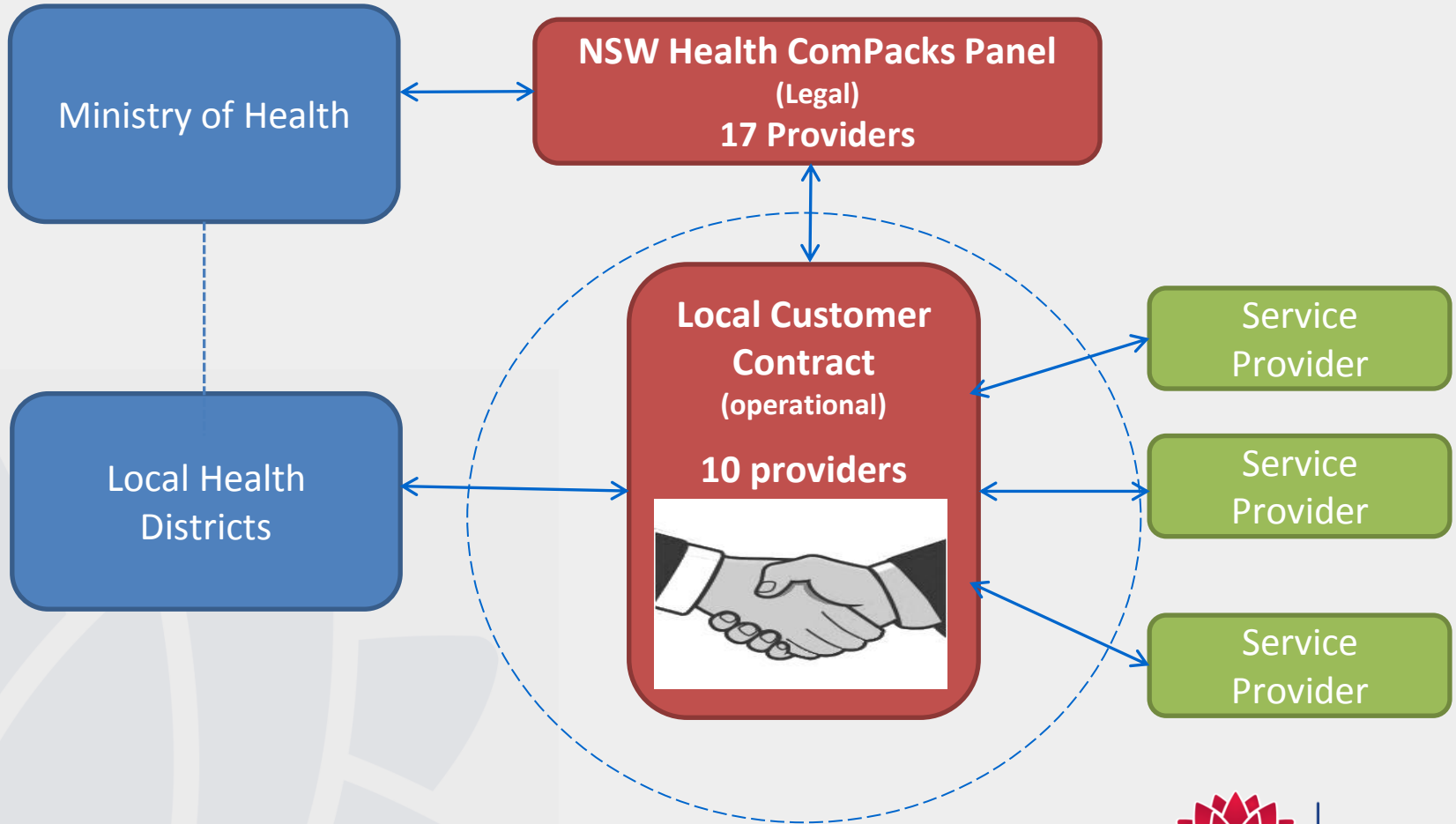
Linkage to ongoing
support services if
required

Coordination

Relationship

Quality of Service

ComPacks Governance



ComPacks Coordination in LHD's

Identification

Ensure patients are **screened** early on in their admission for potential recipients of ComPacks

Eligibility

Assessment by Health staff to determine **patient eligibility** before referrals are made to the Provider.

Prioritise

Health staff **prioritise referrals** based on a recipients estimated date of transfer home, length of stay, bed demand, patient needs.

Availability

Health staff regularly communicate with the ComPacks Providers regarding **package availability**.

ComPacks Team MoH



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Western NSW LHD

“Our ComPacks Journey”



ComPacks
Connecting hospital to home



Health

Background

- Diverse encompassing cities, inner regional, outer regional and remote communities, with a population of **270,775**.
- There are 40 referring facilities ranging from Base Hospitals to MPS's.
- Prior to existing Governance structure referrals were sent directly to the providers. MOH and providers had their own relationship. LHD didn't get a look in
- WNSW LHD had 4 Compacts providers with fixed allocations of packages with 2 unable to fill available packages

Background con't

- 2 providers couldn't manage to stay within target because the referrals they accepted were too 'high care' for the program and broke the budget.
- "Assessments only" were sending us poor
- The LHD were screaming for more Compacts
- LHD referrers had developed bad habits which were accommodated by ComPacks Providers

SOS Anne- Maree, Jo and Archie



Health

The Investigation Begins

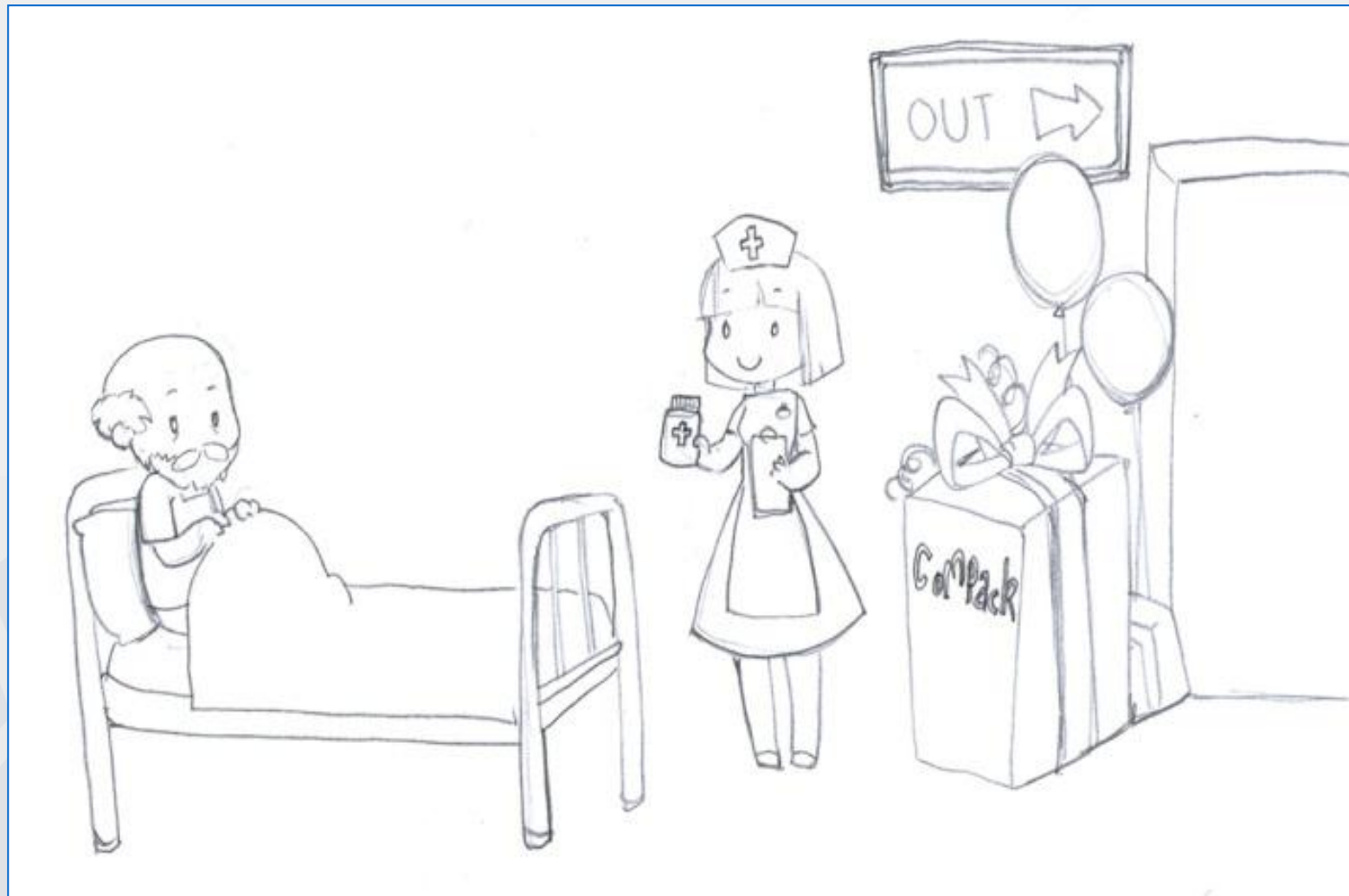
- We **screened** every referral - January 2014
- We reminded the referrers of the **eligibility** for ComPacks.
- We found the TACP referrals were down while ComPacks spilt over – **Bed management issues**
- We found the cause of excessive ‘assessment only’ referrals was due to timeliness of referral (**identification**)
- The quality of referrals were poor and most had no client consent - (**bad habits**)
- Response by some providers was slow and LHD staff were irritable.

The Investigation Begins



- We couldn't move unused packages between providers so we couldn't match demand with supply. **(geographical boundaries)**
- Response by some providers was slow and LHD staff were irritable.
- We couldn't move unused packages between providers so we couldn't match demand with supply. **(geographical boundaries)**
- LHD staff unaware that: ComPacks 'Assessment only' = waste @ \$330 each and that the bucket of supply had an end point – **(availability).**
- LHD staff expecting Provider to prioritise.
- Multiple complaints by LHD staff about repace 'timeliness' to assessments by Providers

ComPacks with that Sir.....?







Solutions

- ✓ **Central intake** by Aged Care Access Centre.
- ✓ Referrals **screened with the patient**
- ✓ Changed point of 'accepted referral' (**24 hours to discharge**)
- ✓ LHD accepted or rejected referrals- not the provider.
- ✓ July 2014-Went into a partnership with **only ONE NGO** provider and agreed to **24 hours to discharge from accepted referral**.
- ✓ We had/have regular operational meetings with referrers and provider. (**everyone on the same page and accountable**)
- ✓ Flexibility to move packages across the LHD to meet demand.
- ✓ Gave provider access to tele health to engage clients when necessary.

Results

 92% referrals were home with services within 24 hours of referral.

 Discharge outside business hours protocol developed.
(NEAT and bed management strategy)

 AO reduced from 85% to 30% in 12 weeks

(Increased available budget)

 2014/15 - 0% complaints about provider

 ComPacks and TACP referrals were filtered and ComPacks band 3s reduced to within target.

 MOH, LHD and Provider became friends!

 LHD allocation of ComPacks met demand in 2014/15

