APAC Acute-Post Acute Care Hospital in the Home

Prepared by: Jairo Herrera APAC Manager

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- How APAC has integrated with the principles of "Whole of Health" to support patient flow
- Results to date



Why HiTH ?



Literature: Caplan etal

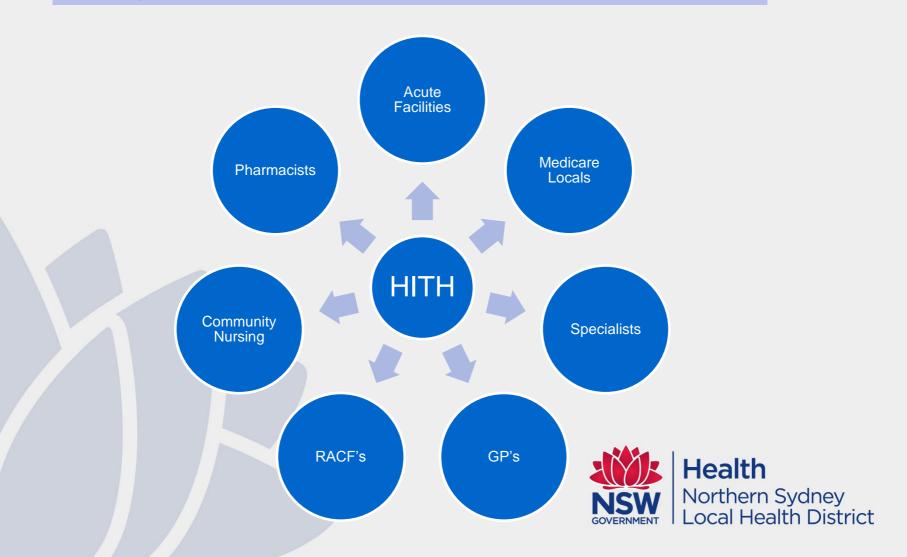
- A 19% reduction in mortality
- For every 50 patients treated in HITH, one life will be saved
- A 23% reduction in readmission to hospital
- HITH costs 26.5% less than in-hospital care
- High patient and carer satisfaction



APAC Integration within "Whole of Health"



Integration with Key-stakeholders



Acute Facilities

- Executive "Buy in"
- Agreed designated HiTH Target for each Hospital
- Co-funding of Liaison Roles
- APAC "Clinics"
- "HiTH" LHD Sustainable and Access Committee Agenda
- HiTH communication LHD Bed status report
- Promotion / APAC clinical decision Tool (ED/WARDS)



A.P.A.C.S ACUTE PATIENT ASSESSMENT CLINICAL SUPPORT

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TALK TO ME

TEAM A.P.A.C.S

DIRECTORY ADAM EASTWOOD NEW 2122

NSW CO

Ryde Hospital Emergency Department Halloween Ball (fancy dress - anything goes) (fancy dress - anything goes)

-

Ryde Parramatta G Tickets \$90

Ryde Hospital

* Care Navigation Hospital in the Home * Clinical Support

TALK TO ME !

CALM

AND WASH YOUR DAMN

HANDS!

Tododay 3th April 3015
 Tododay 38th July 2015
 Tododay 0th October 2015
 Tuesday 8th December 2015

Max 12 autoinants are made via HETI Online

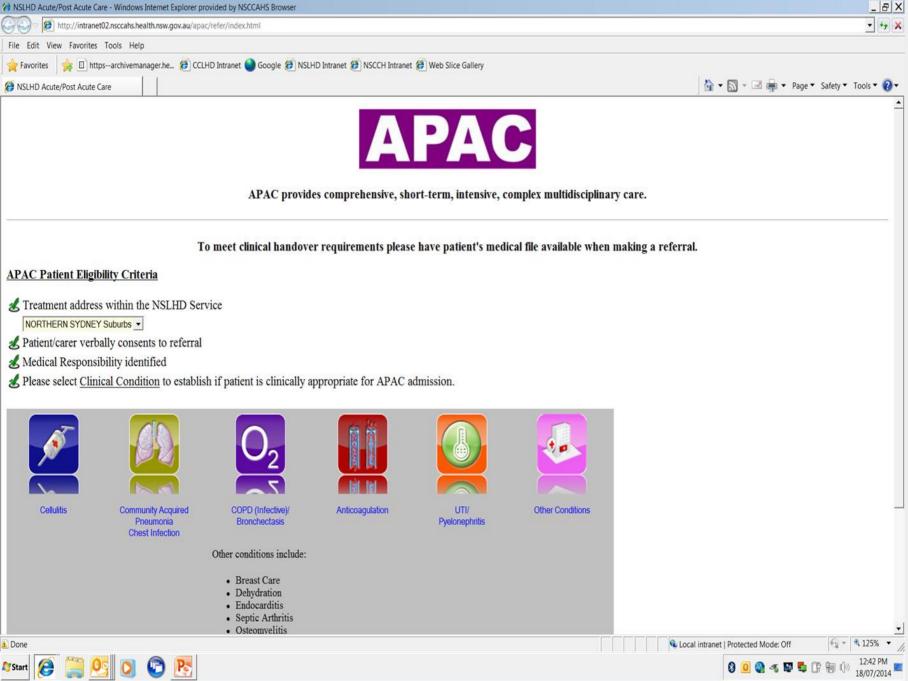
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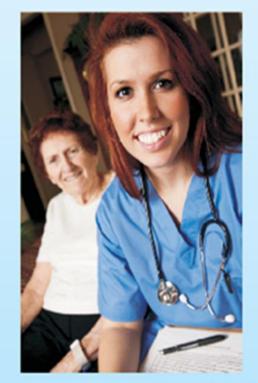
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GP's / RACF's / ML's

- GP Liaison Nurse
- ML Websites / APAC Portal
- Support and Education:
 - RACF's
 - Practice Nurses
 - HiTH Flip "chart"
 - APAC Promotion
- Workshop and resources for GP
- Clinical Support for GPs





Acute Post Acute Care

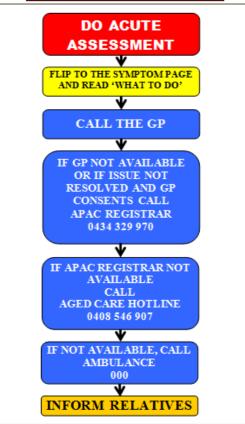
An accredited service of

Health

APAC 'SICK PATIENT' FLIPCHART FOR AGED CARE FACILITIES

This document is based on the NHHEDI document developed by the GRACE Team and the Division of Rehabilitation and Aged Care at HKHS and Division of GP

WHAT TO DO:



AGED CARE RAPID RESPONSE 0408 546 907 Mon- Fri 8am-1630hrs

ACUTE ASSESSMENT

- D- Danger- Check for danger to yourself and the resident
- R- Response- Is the resident alert or unconscious?
- A- Airway- Is there noisy breathing or a blocked airway?
- B- Breathing- Are they breathing? Is there trouble breathing?
- C- Circulation- Is there a pulse? Is there bleeding?
- D- Disability- Does the resident have new weakness in the arms or legs? Check the blood sugar and document

CALL THE RELATIVES OR PERSON RESPONSIBLE IS THERE AN ADVANCE CARE DIRECTIVE? IF THE PATIENT IS FOR PALLIATION, FOLLOW THEIR PALLIATIVE CARE PLAN

NOTE: THIS CHART IS A GUIDE ONLY AND DOES NOT REPLACE CLINICAL JUDGEMENT

Every effort has been made to ensure that the information contained on this resource package is correct at time of release. APAC/Aged Care Program does not warrant the accuracy or completeness of the information. If anyone using this resource package becomes aware of any inaccuracy or incompleteness of the information, please notify APAC immediately on phone: (02) 9926 7292 (Version 26 July 2011)

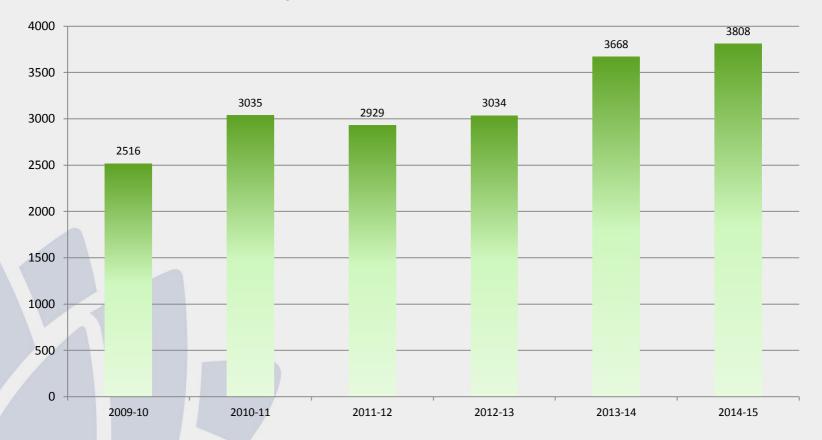
ACUTE ASSESSMENT: HOW TO USE THIS FLIPCHART

"APAC"

- Demand Management plan
- Virtual "ward round"
- Treatment areas
- Community Nursing
- Review of readmission data
- Roster according to peak demand
- Expansion of conditions



Results: APAC Total Admission (July 2009 – June 2015)



APAC Utilisation last 2 Fin Year approx: 4.7 % of total acute overnight separations of LHD (NSW Average 2.3%)



Referral Source

June 2014-July2015 (3808)

June 2013-July2014 (3668)

- 67% LHD Hospitals (2543)
- 19% GP (725)
- 7% Private Hospitals (270)
- 5% from SMS (193)

- 70% LHD Hospitals (2559)
- 15% GP (557)
- 10% Private Hospitals (390)
- 3% from SMS (102)
- 2% OOA Public Hospital (76)
 2% OOA Public Hospital (60)



Readmission

	2013-2014		2014-2015	
	LHD Hospital admitted patients: 2562 pts		LHD Hospitals (2543)	
Planned	2% (62)		2% (47)	
Unplanned	8% (216)		8% (202)	

APAC Readmission 8% ALOS 8 days



Thank You

• Any questions



