

JULY 2003 TO APRIL 2004

CITY VIEWS

MANAGED BY ACH GROUP

BASED AT LEVEL 7, JULIA FARR, FISHER ST, FULLARTON

PARTICIPATING HOSPITALS

FLINDERS MEDICAL CENTRE
NOARLUNGA HEALTH SERVICE
REPATRIATION GENERAL HOSPITAL

PARTICIPATING AGED CARE PROVIDERS

ACH GROUP
ALWYNDOR AGED CARE
ELDERLY CITIZENS HOMES SA
ELDERCARE INC
ITALIAN BENEVOLENT FOUNDATION
RESTHAVEN INC
THE PADMAN GROUP

PARTICIPATING RESEARCHERS

DEPARTMENT OF REHABILITATION AND ALLIED HEALTH - RGH
FLINDERS UNIVERSITY OF SOUTH AUSTRALIA

Collaboration between SA Department of Human Services and Australian Government Department of Health and Ageing

*Administered by the ACH Group:
Level 7, Julia Farr
107 Fisher St, Fullarton SA*

Ph: (08) 83721482 or FAX: (08)83721483

Email: dawnk@ach.org.au

City Views is a joint venture between three major southern hospitals, Aged Care providers and the State and Australian Governments to pilot a 36 bed aged care Transition unit based at the Julia Farr Centre, Fullarton. The service offers specialised rehabilitation and care services to support recovery and provide transition pathways into the aged care system aiming to reduce hospital stay and improve outcomes for older people targeted for, and awaiting, residential placement.

- To 30th April 2004, 186 patients had been admitted to City Views and 152 people had been discharged. The average age of patients was 83 years old (range 55-103). 51% were male. 92% were living in their own home prior to their hospital admission. 79% had a High Level of Care ACAT approval on entry.
- 30% of admissions were for musculoskeletal complaints (eg falls, fractures and soft tissue injuries), 11% for infection, 11% mental disorders, 10% neurological, 9% cardiovascular and 7% for “social reasons”.
- City Views operates at an average cost of \$234 per person per day, and \$2,036 per separation below that of a hospital setting.
- City Views has created additional equivalent capacity of 20.55 hospital beds per year (or about 7,500 additional bed days a year). This enables more than 900 additional patients each year access to the participating hospitals.

RANDOMISED CONTROL TRIAL (RCT)

A RCT was conducted on 317 people randomly allocated (2:1) to go to City Views or stay in hospital between July 14th 2003 and February 4th 2004. Follow up interviews were performed with 230 (87 had died) at 4 months post discharge by an independent assessor blinded to allocation. The following were the key findings of the study -

- **Function** - Patients in the City Views group made significant functional gains particularly in mobility at four months whereas the control group did not. Additional work is proceeding on the impact on resident RCS's.
- **Return home rate** - Similar proportions of patients from the trial and control group returned home; 7% in City Views and 9% in usual care.
- **Carer Stress** – Patients going to City Views were more likely to be satisfied with their eventual residential care placement than those in the control group. Carer stress did not increase for the City Views patients.
- **Time to permanent placement** – At the conclusion of the trial, the time taken to find permanent placement was comparable between the 2 groups.
- **Healthcare Utilisation** - Transfer to City Views reduced length of stay in hospital by a median of 16 days. The unplanned readmission rate at 4 months is high in both groups (30%).
- **Death** - Death rates between the two groups are similar at four months (28% in the intervention group, 27% in the control group)
- **Number of transitions** – 92% of City Views residents were discharged to their end residential destination compared with 75% of hospital patients
- **Length of stay** - During the last 3 months of the trial, the length of stay at City Views was slightly lower (54 days/discharge) than the hospital control group (57 days/discharge) The average length of stay trended downward during the trial.