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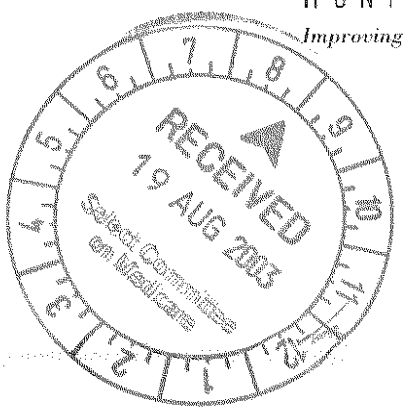
HUNTER HEALTH
Improving Health in the Hunter

12th August 2003



SENATE SELECT COMMITTEE ON MEDICARE
Parliament House
Canberra
ACT 2600

Dear Senators

Re: Senate Select Committee on Medicare

Thank you for the opportunity to present Hunter Health's submission to the Senate Inquiry into Medicare in Newcastle on Wednesday 23 July 2003.

In response to the discussions held at this time, I am pleased to enclose further documentation to assist your Inquiry.

Attachment A: Evaluation Report on Pacific Care (transitional care pilot)

Attachment B: Data on people assessed for Aged Care Facilities in Hospitals

Please contact me if I can provide any additional information or be of any further assistance.

Yours sincerely

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Patients Assessed for Aged Care Facilities Waiting in Hospitals

Introduction

Hospitals are not an appropriate environment for the frail aged to be in once they have recovered from their acute condition nor during their secondary recovery phase. Often their activities of daily living are reduced due to lack of mobilisation and they are often prone to developing another acute condition whilst hospitalised, for example urinary tract infection or falling. While the patient is waiting for placement in an aged care facility their condition can deteriorate to a high care level.

The Issues

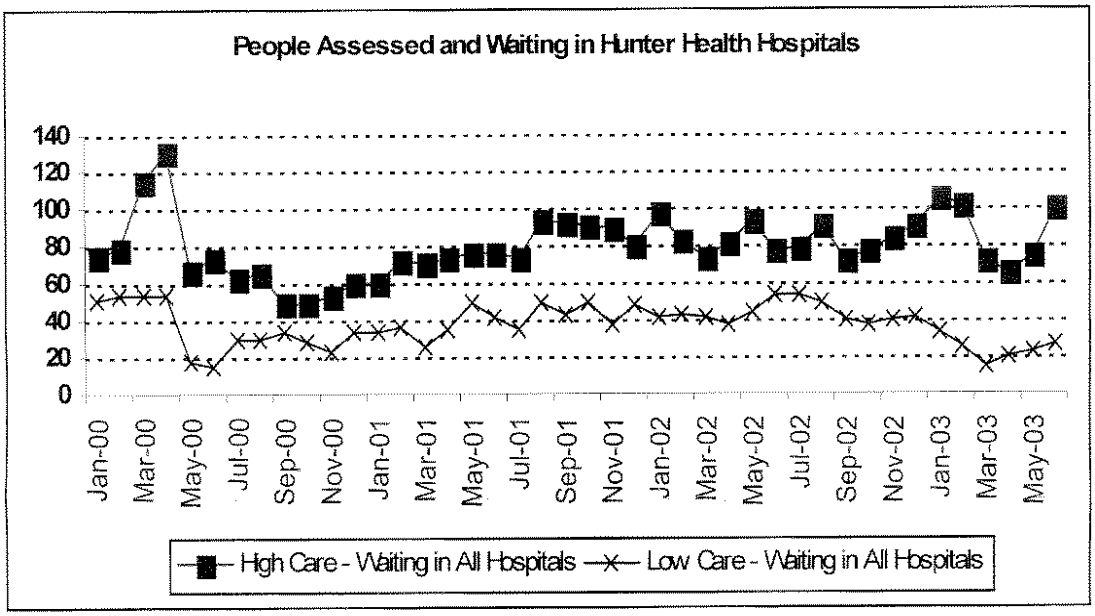
The Hunter area has 700 low care places allocated. This is slightly below the Commonwealth target levels and not all of these beds are operational. Low care places are being increasingly occupied by high care residents because of the "Ageing in Place" Program and the difficulties in finding a high care placement. When many of the low care residents become ill and are hospitalised, some aged care facilities are unable to have them return due to their inability to provide the level of care or the type of environment required by the resident.

According to the Commonwealth guidelines the Hunter region has slightly above the recommended number of high care places but the distribution is skewed away from the more populous Newcastle area. Again, a number of beds are not operational.

Since the mid 1990s there has been a 50% increase in the number of patients over 80 years of age in Hunter Health's hospitals with an acute condition. Consequently there has been an increase in the number of older patients having aged care facility assessments (2624 forms) completed and identified as low and high care placements.[1]

The following figure illustrates the number of patients in Hunter Health hospitals awaiting aged care facility placement. This increasing trend has placed significant pressure on bed availability in hospitals, particularly major acute facilities such as the John Hunter Hospital.

[1] Berrill, J. *Review of processes associtade with patients requiring aged care placement – a discussion paper.* May 2003. Hunter Health



The following case histories provide a more personal aspect of these figures.

Case 1:
An 85 year old man was hospitalised for 260 days. He was admitted because of an infection and was also confused. This patient had end stage renal failure requiring dialysis on a daily basis. He also suffered from osteoarthritis and gout.

This gentleman was receiving the aged pension. He had been cared for by his wife at home. His wife's health was deteriorating and he was unable to perform dialysis unassisted. The gentleman was also suffering repetitive episodes of infection at the dialysis site. All attempts to return to the home environment failed.

The patient was assessed as appropriate for an aged care facility. Difficulties in achieving placement in a nursing home was compounded by a need for staff to deliver dialysis, space for equipment at the bedside, and disruption to other residents and the possibility of other residents interfering with the dialysis process.

Outcome: After initially deteriorating, the patient was commenced on haemodialysis and was eventually placed in a nursing home with haemodialysis access.

Case 2:
A 89 year old woman hospitalised for 237 days with low blood pressure causing frequent fainting. This lady was also suffering from malnutrition and arthritis in both knees.

This lady had been living with one of her daughters and had not required additional community services. She received the aged pension. She was precariously unwell for 3 months, during which time she required a permanent tube inserted into her stomach for feeding purposes.

A bed was available for her in a nursing home, however her family were extremely distressed, refusing to accept the placement for their relative. They required repetitive counselling and advice.

Outcome: family finally cooperated and she was placed in a nursing home.

Case 3:
A 61year old man currently hospitalised for 114 days to date with complications arising from multiple sclerosis.

This man had been living at home, cared for by his wife. He was totally dependent, requiring full assistance for daily living activities. His wife could no longer care for him at home. He receives a Disability pension. He is a large framed man requiring an extra long bed.

This man was noisy and disruptive, displaying physical and verbal aggression and manipulative behaviour.

Difficulties were experienced finding a nursing home placement due to his age, his need for an extra long bed and his aggressive and abusive behaviour. His wife is very distressed at the nonacceptance of her husband by aged care facilities.

The patient remains in hospital.

Proposed Solutions

As indicated by the above scenarios, the situation of people assessed for aged care facilities is often complex and various agencies must work together to develop and implement workable solutions. Some suggested solutions include:

- A review of the allocation formula for aged care facilities as the current one is weighted to people aged over 70 years, when the issue is people aged over 80 years.

- A review of funding arrangements for aged care facilities so that it is more attractive for them to take residents who often require higher levels of care. This is particularly pertinent for people with dementia

- Allocation of more community aged care packages to assist people to remain in their homes for longer.

- Resources for a "Transitional Unit" - located at either an aged care facility or low cost acute care setting. This Unit would provide short- term rehabilitation and enablement care before the patient returned home or to an aged care facility.

Conclusion

An increasing number of people assessed for aged care facilities are waiting in acute hospitals. This makes it difficult for hospitals to admit other people who need hospital-based care which in turn creates difficulties for emergency departments and ambulances. Hospitals are not the appropriate place for these people to wait as they are at risk of picking up other infections and reduced mobility. Aged care facilities do not often have any beds, or are unable to care for people with additional needs.

The solutions are not simple and require the cooperation of area health services, State agencies (both health and disability services), aged care facilities and the Commonwealth government.