

# Communication between hospitals, PHC and public health

**Christine Evans DON Katherine Hospital**

# Communication

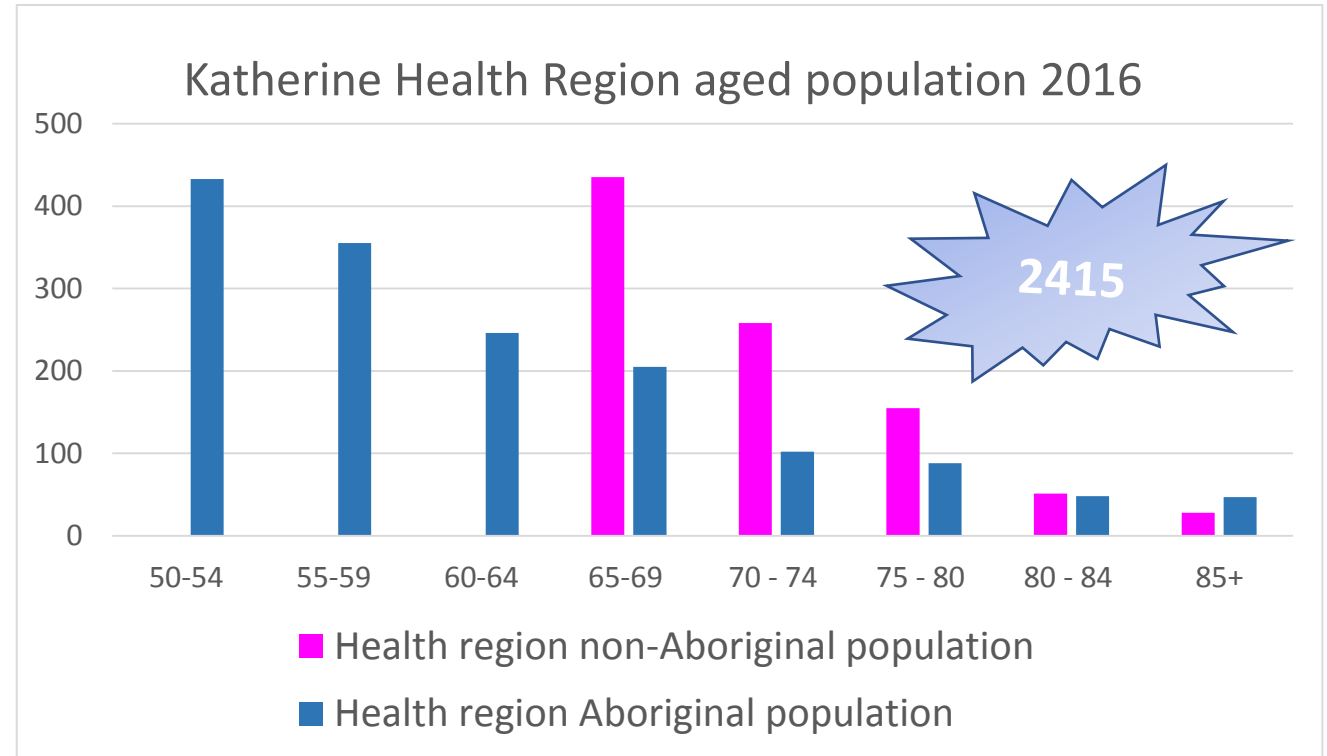
- **Communication** - imparting or exchanging of information and the means of sending or receiving information
- **BIG Subject** – heart of what we do as individual practitioners and intra and inter services
- **Discharge planning** – growing challenge for complex, frail aged and cognitive needs clients being discharged from hospital

# Discharge planning

- For the majority of people discharge is a no fuss process at the end of an admission period for an acute care or surgical care
- For a small number it is extremely challenging and the challenges are growing reflecting changes in local regional demographics and morbidity
- **WHY challenges?** Services availability and discharge destinations
- **AND** sometimes its about the reality that people are discharged to what is effectively homelessness

# Demographics

- 2415 people who can be classified as aged in Katherine region
- 1500 Aboriginal, 900 non-Aboriginal, 560 in Katherine shire region (Department of Health, 2017)
- Number of aged Aboriginal people estimated as needing assistance - 18% in 2006 (AIHW)
- NT – 4 times as many Aboriginal people aged 65 to 74 with dementia compared to non-Aboriginal and about double in 75+ years group
- Non - Aboriginal 45 years + there are 3.3 dementia cases in every 100. Aboriginal 6.5 in every 100 (Li et al., 2014)



**Expect more people with dementia as population numbers increase, non-communicable diseases rates will contribute to this**

# Aged care beds

- The Katherine area - **83 aged care beds**, generally filled to capacity. Access only available on death of a resident
  - Kalano 18 beds, Katherine Hostel 30 beds, Rocky ridge 35 beds (My Aged Care)
- Respite care program available at Rocky Ridge and the hospital is also used for respite (**usually not planned**)
- Level 2 care packages are provided by Kalano, Golden Glow Nurses and Rocky Ridge (Katherine based). Golden Glow and Rocky Ridge provide Level 4 packages to assist people to stay at home (My Aged Care)

# Katherine Hospital

- Becomes the **default carer** for some people who experience long stays – aged care, cognitive and disability
- In 24 available beds not uncommon to have 4-6-8 long stay people with no discharge destination
- Coincides with 30% increase in admissions over 5 years
- Some people have a trial of discharge, but realistically may be quite difficult for people without right level of services

# Guardianship and NDIS

- Question is what is a safe discharge and what information underpins this ?
- Formal guardianship – can mean that local decisions based on knowledge of local community and local capacity are over-ruled
- NDIS roll-out in Katherine has been challenging to access services – this has also limited community based care services access causing people to stay in hospital (not ideal environment for promoting independent life)

# Short stay?

- Itinerant population in Katherine who stay for varied amounts of time:
  - often homeless
  - living in conditions that predispose to malnutrition, illness and the potential for violence
  - difficulty accessing services and resources
- Admission to hospital – discharge to homelessness, cycle begins?
- Not meeting the needs of the vulnerable



# Action ?

- Communication, negotiation and planning across providers – **WHO owns the challenge?**
- Room for a long term strategic plan to manage?
- Lobbying for increased nursing home and respite beds ?
- Basic additions to facilitate a discharge
- Adding additional capacity to the hospital ?
- Addressing the most basic needs of the homeless – food, shelter, hygiene, safety?