IMPROVED DISCHARGE PLANNING THROUGH A COMMUNITY & AMBULATORY IN-REACH MODEL

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Aim

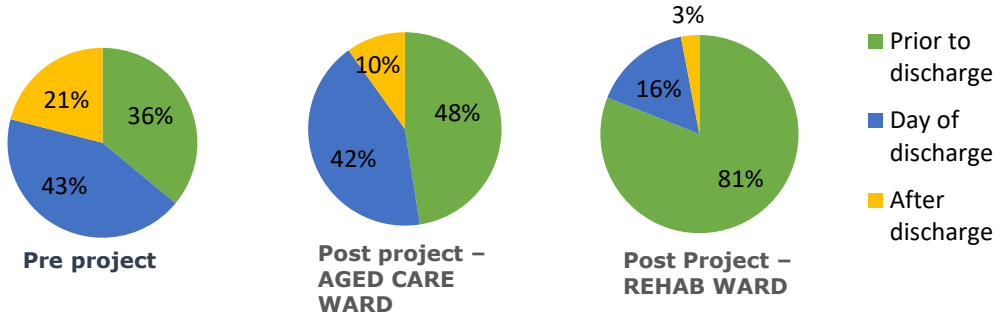
Improve hospital discharge planning through effective transition from hospital to the community.

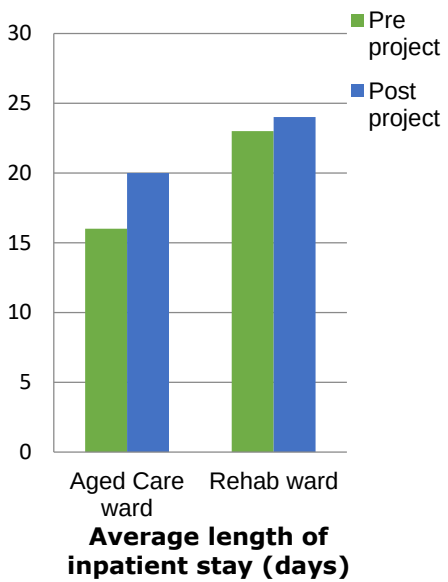
Method

Trial of a hybrid version of two in-reach models in two sub-acute inpatient wards at Caulfield Hospital.

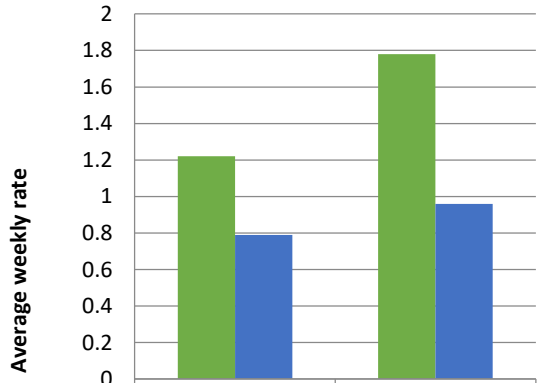
A clinician from the Intake & Referrals department attended journey board meetings on an aged care and rehabilitation ward for 6 months. The Intake worker acted as a resource for clinicians to facilitate referrals to community services.

Results





Average length of inpatient stay (days)



	Aged Care ward	Rehab ward
Pre project	1.22	1.78
During project	0.79	0.96

Unplanned readmission rate < 28 days

Staff satisfaction survey

75% of respondents found the in-reach model useful and reported an improved knowledge of the available community & ambulatory services that their patients could access.

Conclusion

The Caulfield In-reach model was able to demonstrate a 25-40% reduction in unplanned readmissions which not only improves patient care, but results in improved efficiency.

Improved awareness of discharge resources in clinicians also improved the timeliness of referrals to community and ambulatory services.