



Summary of establishment and implementation of the EXTEND Program.

COMMUNITY HEALTH WORKER PROGRAM BULLETIN 3

Hospital readmission rates within 28 days of discharge are recognised as potential avoidable costs to patients and the health care system. Numerous interventions are being put in place to address these. In 2017/18 Sydney Local Health District (SLHD) piloted a supported discharge program funded by ACI using community health workers (CHWs). The program initially targeted patients with heart failure who were discharged from Royal Prince Alfred Hospital (RPAH) supported by the cardiac chronic care services. The program has now expanded to include aged care. CHWs, who have assistant in nursing qualifications, visit patients at home within 48 hours of discharge to trouble-shoot issues and improve transitions from acute to primary care.

Using CHWs in this way to support acute care services was new in SLHD. One of their tasks was to create a written list of medications and reconcile this with current medication use. They supported patients to visit their GP within 5 days of discharge and help patients to develop a GP question list of issues they would like to discuss with their GP, as part of supporting their health literacy and self-management. An assessment is also made of the safety of the patient at home, their capacity to undertake ADL and to restart home support services.

Data was collected between January 2017 and August 2018, from hospital and routine Xtend service records. There were 302 patients in the study sample with mean age of 77.3 years. 56% spoke a language other than English at home although only 2% were recorded as requiring an interpreter. Greek, Italian, Portuguese, Arabic and Chinese were the major language groups. 62% had a carer, 32% lived alone and 14% did not have social support. 93% of the patients were in the heart failure program. Patients were discharged with an average of 11 medications.

20% of patients were readmitted within 28 days. 21% of those with cardiac failure were readmitted a readmission rate that is lower than the state average. In Univariate analysis speaking a language other than English and having had a length stay in hospital of greater than 7 days were associated increased likelihood of admission. Multivariate analysis explored the association between readmission and gender, age, number of medications, having a carer, living alone, not speaking English at home, seeing a GP with 5 days (77%) and seeing the CHW within 48 hours (56%). Only not speaking English at home and having a length of stay over 7 days were associated with readmission.

There were limitations of this formative evaluation of the Xtend program. There was insufficient information about the frequency or duration of visits. There was no control or comparison group nor trends over time. However, there was some evidence of positive impact not only based on the slightly lower than average readmission rates but also because of the lack of differential outcomes based on age or living alone as described in previous research. Although only a little more than half of patients were visited within 48 hour, all were seen within a week.

More rigorous evaluation and exploration of the reasons why language spoken at home was so important as a predictor of readmission. This suggests that more attention may need to be paid to cultural appropriateness of services and use of translation and interpreting services. In overseas research, CHWs have been shown to improve access to care and cultural relevance of services resulting in reduced hospital attendances, reduced costs and improved patient and carer outcomes. The Xtend program shows promise in the Australian context.

For further information

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