

HOSPITALISATION OF PEOPLE SUFFERING FROM CONTINUING CHRONIC ILLNESS

211. Hon BARRY HOUSE to the parliamentary secretary representing the Minister for Health:

I refer to persons with continuing chronic illness.

- (1) Is it government policy to medically assess these people when they seek admission to metropolitan public hospitals to see whether they are suitable for professional home care rather than hospitalisation?
- (2) Is this category of patients referred to as “frequent flyers” in the health system?
- (3) Has this term been adopted following recent discussions with a health consultant from Victoria?
- (4) Is the program intended to free up hospital beds for acute patients?
- (5) Have similar policies been adopted in other states?
- (6) If so, what were the results?
- (7) Is the government implementing this policy statewide or only in the metropolitan area?

Hon KATE DOUST replied:

I answer on behalf of the parliamentary secretary representing the Minister for Health. As the response is quite lengthy, I seek leave to table the document and have it incorporated into *Hansard*.

Leave granted.

[See paper 1477.]

The following material was incorporated -

I thank the Hon. Member for some notice of this question.

1. All patients presenting for admission to Metropolitan public Hospitals are assessed for professional home care as an alternative to in-patient care. Programs providing professional, home-based care as an alternative to in-patient care are called Hospital in the Home services. These services are targeted towards patients with acute conditions, such as Cellulitis, Deep Vein Thrombosis and some respiratory problems, which can be managed in the home, usually over a period of 4-6 days. Hospital in the Home care is used to treat an acute health condition that can be resolved in less than a week. Most Hospital in the Home patients are younger and healthier than patients hospitalised for chronic conditions.
 2. The term “Frequent Flyers” is used in the Final Report of the Health Reform Committee - A Healthy Future for Western Australians March 2004 and is used to describe patients who experience numerous hospital admissions, often combined with extended lengths of stay. These patients usually have a number of chronic conditions, often combined with social and psychological complications.

The most effective strategy for reducing acute bed usage by patients with chronic diseases, are community-based Chronic Disease Management Programs. These programs provide social, psychological and physical assessment, individual case management, physical rehabilitation, education and self-management services. These services are provided in patient’s homes, GP surgeries, chronic disease management clinics and other community venues.
 3. The term “Frequent Flyers” has been in use internationally for some time and is used in the Final Report of the Health Reform Committee - A Healthy Future for Western Australians March 2004. There is no identified author or creator of the term.
 4. Hospital in Home programs and Chronic Disease Management programs both aim to free up acute hospital beds. Hospital in the Home services free up hospital beds by providing home based acute care as an alternative, or a substitution, for hospital admission. Chronic Disease Management programs free up acute beds by improving the patients’ health and preventing hospital admissions and/or reducing the length of stay for acute admissions.
 5. A range of Hospital in the Home and community based chronic disease management programs are established in other Australian states and internationally to reduce acute admissions and the number of acute bed-days occupied.
 6. Both Hospital in the Home and Chronic Disease Management programs demonstrate reduced use of acute beds in Australian and internationally.
 7. The Hospital in the Home program is a metropolitan service, which was doubled in funding and level of activity in 2005-2006.

The community based Chronic Disease Management service is currently a metropolitan program, which was established in 2005-2006. This program will be expanded to two country Area Health Services in 2006-2007.

Both of these programs are components of the Healthy@Home program.
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