

## **Re: Request for Consumer Feedback on Section 2 of the RACC &UCPH Models of Care Report – Profile of Current RACC Activities**

The Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

The Health Care Consumers' Association (HCCA) welcomes the opportunity to provide feedback on current RACC services. The information was collected in writing and through telephone and face to face interviews with HCCA members.

### **General Comments**

There were three main consumer experiences of current RACC services that form themes both rehabilitation and geriatric settings.

- Lack of co-ordinated approach to patient information and health literacy
- Lack of case management (or single point of contact) when dealing with multidisciplinary teams i.e continuity of care
- Inadequate discharge planning.

### **Patient information**

In regard to information giving it appears that some consumers are being given brochures and written information at a time when they are most stressed. It was reported by one consumer that she was handed a pile of brochures the day before her surgery when she was not capable of taking in the information.

### **Continuity of Care**

Lack of a single point of contact, particularly when multidisciplinary teams are involved, was overwhelmingly described as a stressor for both patients and family. This situation was described by one consumer as *"a nightmare system to navigate,"* and another commented that *"a business card would do."*

It was also noted that with multiple staff involved and with staff turnover it can be difficult to identify who you were treated by and that accessing that information by phone once you have been discharged is problematic.

### **Discharge Planning**

As regards discharge planning there were a number of themes that presented:

- Being discharged too early, due to a need for the bed
- Being discharged without appropriate support in the community or from community health
- Being discharged without proper consultation with family (particularly in the geriatric setting)

One consumer did report that he had been very encouraged when an elderly friend who had been admitted to the geriatric ward with malnutrition, dehydration and some dementia had regained a significant amount of her health but was kept in hospital until arrangements had been made with her family in Sydney.

Interviewees supported a more consumer centred and co-ordinated approach to information giving, contact information and discharge planning. It was felt that this co-ordinated approach would alleviate many of the reported difficulties and in the words of one consumer prevent the increasing *"DIY health system."*

### **Specific Comments**

Feedback received from the National Heart Foundation Division, ACT an organisational member of HCCA, pointed out that there is no mention of cardiac rehabilitation with any of the RACC services probably because they are included as cardio rather than rehabilitation and aged care. However they do need to be included and discussed particularly if TCH cardiac rehabilitation program is moved to Belconnen Community Health as part of the shift of rehabilitation services to UCPH.

*"The strengths of the current cardiac rehab programs at TCH and Calvary (public programs) are:*

- *Programs are located on both the south and north side of Canberra*
- *Both these programs are run by a very knowledgeable and dedicated team of health professionals (nursing and allied health)."*

*The areas where there is room for improvement are:*

- *Lack of availability for some members of the community with programs being hospital based and*
- *Primarily being run during working hours.*

*To sum up "heart disease is the biggest killer of men and women in the ACT and we need to look at flexible models of care to improve attendance at cardiac rehab programs post cardiac event. There is a lot of research to support cardiac rehab, which results in decreased morbidity and mortality." –Heart Foundation ACT spokesperson*

There is some concern that over time UCPH will become an 'overflow' hospital for TCH. To ensure that doesn't occur it has been suggested that there be a rigorous

assessment and filtering process so that patients who are admitted are genuinely in need of the specific services that UCPH will deliver.

There were also questions regarding chronic pain care and whether there will be a chronic pain clinic and appropriately trained pain specialists based at UCPH?

Finally, the care of spinal injuries and the specific nature of that care was raised. It was felt that with TCH acute care, followed by UCPH sub-acute and rehabilitation there should be no further need for patients to be sent to Sydney for treatment. This would significantly reduce the stress for both patient and family and in the consumer's opinion because allied health professions e.g. Occupational Therapists could be working concurrently with medical staff reduce the hospital time significantly.

We are happy to discuss our feedback further please contact Kerry Snell; [kerrysnell@hcca.org.au](mailto:kerrysnell@hcca.org.au) or Christine Bowman; [christinebowman@hcca.org.au](mailto:christinebowman@hcca.org.au).

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Darlene Cox', is positioned above the typed name.

Darlene Cox  
Executive Director

Date: 8/08/2014