Mid North Coast Area health Service (2004)
Health Impact Assessment of Aged Care Alow Stream Rehabilitation/Transitional Care Service - Case Study, Sydney: MNCAHS.
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NSW Health Impact Assessment Project, Phase 2

Developmental Health Impact Assessment Sites

Mid North Coast Area Health Service Case Study

16 August 2004

Background

The proposal is for the provision of slow stream rehabilitation / transitional care at a specified non government residential aged care facility within one local government area served by the Mid North Coast Area Health Service (MNCAHS). The original proposal involved agreement of the residential aged care facility to enter into a co-operative project with the MNCAHS to provide programs to the elderly to stimulate independence with the aim of returning the clients to their home with appropriate services (if necessary).

The target group is people aged over 65 who are;

- In a public hospital waiting for Residential Aged Care placement and/or;
- Have experienced a change in functional status following an acute illness or injury and/or an acute or chronic episode and who would benefit from in-patient slow stream rehabilitation;
- At risk of long term hospitalisation or premature placement in residential aged care facilities;
- Or are under 65 years with similar age-related disabilities.

The MNCAHS is the fastest growing rural health service in New South Wales and has a higher than state average proportion of adults aged over 65 years, attributable to both demographic ageing and high levels of retirement migration to the area.

The increase in the aged population also brings with it particular age-related morbidities such as dementia, and the associated care needs. Given that the majority of health care support is required towards the end of life, the high proportion of older adults exerts significant pressure on the region's health service providers.

In particular, insufficient numbers of residential care beds within the area have led to the filling of many acute care beds with people waiting for aged care placement within a residential facility. This not only impacts on the appropriateness of the care received by the bed occupant but also impedes access to acute facilities for others. The concept of providing transitional rehabilitation was developed to explore the different ways that transitional care services can be provided and to reflect the needs of the community who having retired to the area. These people often do not have a network of support to assist their rehabilitation needs.

Under this proposal, the MNCAHS would be funded by the Commonwealth to provide 30 Residential Aged Care / slow stream rehabilitation places at a designated residential aged care facility. This would include a full-time Physiotherapist and Occupational Therapist. The designated residential aged care facility would provide the nursing and care components to these clients through anticipated Commonwealth funding for High Band residential care places.

It was proposed that the Health Impact Assessment would be undertaken at the intermediate level involving rapid appraisal of health impacts. It was anticipated that the process would take a couple of months, including an assessment of the impacts

on health via literature review, expert input and limited consultation with the target groups and stakeholders. In reality the timeframe for the project is taking much longer than anticipated and it is still not completed.

The MNCAHS personnel involved in undertaking the Health Impact Assessment were primarily the Area Clinical Director Aged Care and Rehabilitation, the Area Planning Manager and Planning Unit staff.

Rationale for HIA

The objective for this HIA was to provide the MNCAHS Aged Care and Rehabilitation services with information, cumulative evidence and individual opinions about the various aspects of the slow stream rehabilitation transitional care proposal.

The proposal has multiple links that affect the health of the older person both directly and indirectly. The HIA process will enhance the identification of positive and negative impacts and will enable the development of recommendations to modify the proposal and associated service delivery program, thereby modifying the impacts on the health of the target group and associated others.

Desirable equity issues that the HIA is expected to address are:
- Access by the target group to previously unavailable services;
- Access of the non-target group to other services.

Undesirable equity issues that the HIA is expected to address are:
- Inequity of access to the program because of age criteria;
- Possible lack of consent to treatment;
- Financial disadvantage;
- Unwilling family involvement.

Undertaking the HIA

A Steering Committee was established to undertake the HIA. Membership included:
- Area Director Population Health and Planning,
- Area Director Primary Health and Extended Care,
- Area Clinical Director Aged Care and Rehabilitation Services,
- Manager Aged Care Services,
- A Consumer Representative,
- A representative from the Epidemiology Branch, Department of Health
  Area Planning Manager.

Initial membership was to include a representative from the residential aged care facility however this did not occur.

The stakeholders involved in the HIA included
- General Manager Aged and Community Care (North) Baptist Community Services,
- MNCAHS - Aged Care Services
  - Social Worker
  - Aged Care Nursing
  - Aged Care Transitional Intervention Program
- Home Flexi Care - Baptist Community Services, Forster
- Community Clients and Carers
- Residential Clients and Carers

- Manning Base Hospital – Discharge Planning
- GP Rehabilitation Physician
- Wingham Hospital
  - Occupational Therapist
  - Community Physiotherapist
- MNCAHS Non Emergency Related Transport

In the planning process it was identified that interviews could be held with Aboriginal community representatives, and the multicultural community. These were not undertaken as the resources were not available to enable this to occur. Initially it was decided to also include a representative from the Commonwealth Department of Health and Ageing however as the process developed it was decided that the input from this Department was at a different level and would not be included.

The assessment stage of the Health Impact Assessment included undertaking a literature review, key informant interviews with service providers and managers, and focus groups with clients and carers.

Literature Review

The brief review of the recent published literature into the impacts of transitional care for elderly people was conducted as part of the methodology for the Health Impact Project. These findings were to inform the design and evaluation of the transitional care proposal.

The review was conducted during July 2004 and took a few days. It involved a search of data bases readily available through the NSW Department of Health Intranet site, namely Medline, ARCHI, and Cochrane.

Abstracts and articles sought were from 1996 to the present, in English language, searching for key words of " transitional care", "community rehabilitation", "early discharge", or " innovative discharge".

In all 32 articles were found to be relevant, most found through the ARCHI data base or under the "transitional care" or "community rehabilitation" keywords.

Key informant interviews and focus groups

Each key informant interview and focus group session followed the same set of prompt questions covering needs, advantages of community or residential based care and rehabilitation, assessment, components of service to support community care, and improvements to local aged care.

Key Informant Interviews were held with six service providers who currently are working in the field of aged care rehabilitation, in fields of nursing, allied health and medicine, community support and transport. In addition two interviews were held with management, one from within the Area Health Service and one from the Baptist Community Services.

Three Focus Groups were held with carers and clients at two locations. One location was in Forster (the town with the proposed residential facility that would provide the service) and the other at Wingham Hospital were clients are in the process of receiving in-patient rehabilitation care.

Main Findings and Recommendations

Summary of Brief Literature Review Findings

Most common in the literature were reports of impacts on the patient, or impacts on the service supply organisation. Inter service supplier issues (eg coordination) were also often identified.

The impacts on patients were mostly outcome in nature and about daily health and functioning. In addition to objective health status (physical and mental) there were health impacts shown on subjective issues in some studies. Results were varied, some positive, some showing no effect, some suggesting raised risk of negative impacts (eg iatrogenic disease / injury often arising out of co-ordination problems between care providers).

Impacts on the service supplier organisations were a mixture between organisational outcomes, and organisational processes for effective achievement of patient and organisational outcomes. Frequent organisational outcomes were around cost savings, avoiding re admission or hospital presentation, reduced days in hospital, or cost efficiencies. There were a number of process impacts identified frequently associated with the issue of co-ordination and delivery of care, such as communication between players, mechanisms for co-ordination, or models of care.

Given the inter agency and inter profession nature of transitional care, it is not surprising that effective co-ordination of care was a common theme, effecting individuals, organisations, and systems. Many aspects were identified, including ensuring teamwork and good communications amongst clinicians (and managers); referral / records / care plans / testing results transfer between provider organisations; clear and flexible model of care; and the involvement of General Practitioners.

Whilst the impact on carers and the family received less attention in the literature, issues identified were the need to be informed and to be involved in decision making (issues also for the patient themselves), and for practical and emotional support.

For health professionals, co–ordination issues, access to skilled staff, and management support were identified as key issues.

The issue of available resources was apparent in a number of studies where access to equipment, appropriate clinician staff (eg physiotherapy), and funding (influenced by cost shifting, availability of incentives, funds pooling) were identified.

The literature largely ignored impacts beyond the immediate individual and organisational players. Impacts on the local community or broader social, physical or economic environment were largely absent; and nowhere were any opportunity cost impacts identified. Consequently impacts (positive / negative; intended / unintended) on the population in general were difficult to identify from the literature.

Summary of Key Informant Interviews and Focus Group Findings

Independence in daily life activities was commonly seen by providers, client, and carers as the impact issue of the highest importance. Access to self care information and access to local support / health services were identified as factors in assisting with independence, as was the availability of support from willing family / neighbours.

Maintaining social contact with family and friends was seen not only as an aid to independence but as the key to a quality of life, irrespective of whether living at home or in a residential institution.

Being able to live at home was seen as having added importance for independence (eg being a familiar environment), as well as social and emotional wellbeing (eg loneliness, dignity).

Care provided in the community / home was clearly preferred to any institutional care. However availability of transport and community support (eg home help / respite) and health services (particularly OT / Physiotherapy, and access to equipment) were seen as major issues in community based care.

Provision of care either within the community or in institutions was seen as needing to ensure continuity of care, address socialisation needs as well as functional needs, and involve carers.

Summary of key health impacts identified

Key health impacts identified relate to physical and mental health. The major issues were mobility and ability to maintain independence. This relates to physical strength in limbs for walking and carrying out activities of daily living eg cooking, bathing etc thereby maintaining hygiene and nutritional status.

Social and emotional well being was identified, with the need to ensure a persons dignity in alignment of their continuity of care and in doing so addressing the social needs. Psychological status was alluded to with the need for people to maintain their sense of self and not to be come isolated which can lead to depression.

Summary of key recommendations arising from HIA

This process has not been completed, however initial analysis will be consideration of recommendations around the coordination of care. Recommendations will be presented to the HIA Steering Committee and then submitted to the Director of Primary Health and Extended Care for consideration in the implementation of the proposal.

Proposed process for monitoring and evaluating the HIA

Monitoring and evaluation will be undertaken throughout the process. The objective of the Steering Committee is "To assess the health impacts of a transitional intervention program for aged people of the Great Lakes Shire".

The questions that will be answered at the end of the process are

- Did we identify any health impacts of the proposal?
- Did we have any recommendations from the HIA?
- Did we change the proposal?

Process monitoring will include:
Quantitative:

- The number of interviews held against the number suggested.
- The number of people attending the interviews / focus groups?

Qualitative

- What was the interviewees / steering committees impression of the process?
- Was there relevant stakeholder involvement?

- Did the analysis reflect the views of the community?
- Were the views of the health service providers / clients taken seriously?

Key learning's for practitioners of HIA

Key learning for the Mid North Coast on undertaking an HIA.

Screening

The context of the proposal and target group was easily defined as the proposal was so specific. It was difficult to recognise assumptions under pinning the proposal and once the concept was grasped then there were many assumptions that could have been added. The development of any proposal is underpinned by many values, expectations, ideas, facts etc which at times are often not recognised as playing apart.

Scoping

Although the scoping paper outlined the anticipated time to undertake the HIA this was extremely inadequate. The additional resources eg personnel to assist in undertaking the project never eventuated and the project had to be undertaken within current resources. This meant that the project limped along and could not keep to the timeframe original set.

The human resources required was much more then anticipated and recently we have had a number of people working on the HIA, the Area Manager for Planning, and two Planning Officers. One undertaking the literature review and write up and other assisting with the Steering Committee meetings, arranging and assisting in the undertaking of the interviews and focus groups.

Identifying and assessing health impacts

This section has not been completed, however initial findings relate to the need to be more specific about the interview questions. The key informant interviews provided an avenue for service providers to air their views and provide input into how they felt that the program could run to ensure a better outcome for their clients. The interview list and timetables were rearranged to ensure access to the greatest number of interviews and focus group participants, however we were unable to undertake all the interviews proposed.

Assessing health impacts needs to be undertaken in the broad sense, and time needs to be allowed to educate persons involved in the evidence gathering and the anticipated outcomes of the process as they are giving up their time to participate.

The theme identification of evidence was easier to identify with the literature review, however the focus groups and key informants provided a huge volume of information and it was difficult to digest it and pull it into the themes. The mapping back to health impacts has not been completed.

Negotiation & decision making.

The Mid North Coast HIA has not yet reached the stage of developing recommendations, however discussion was held on the values that would be agreed to in coming to decisions and this generated discussion on what is a value and how some values can contradict each other. For example "reducing inequities in health status" and "investing in services that result in the maximum benefit to the

community" can be contradictory if the target group with the health inequities is a relatively small component of the community.

Evaluation and monitoring

Evaluation of the HIA process needs to be considered in the initial stages and is detailed within the scoping stage. Evaluation of the MNC HIA has commenced however it was a little late to assess the prior knowledge of the Steering committee participants. Continuous evaluation is required and time must be allocated to ensure that this occurs.

Evaluation of implementation of the proposal will be monitored from within the program by the Aged Care Services with the assessments of each individual client's progress and the involvement in case management of their program.

General

The HIA can be viewed as a scientific tool to enhance decision making. It also can be incorporated into the planning process, however there is room for the needs assessments to be more thorough within the planning cycle and this may eventually negate the need for an HIA if the positive and negative impacts are assessed in more detail at the beginning of planning a project, proposal or plan.

Some general points raised during the HIA process to date include:

- The challenge of the question: is undertaking the HIA and the benefit anticipated worth the effort of actually doing it?
- Could we have done the HIA more efficiently?
- The change in the proposal from residential care services to community care services has been a source of frustration as the HIA must be undertaken on the original proposal (although the change was outside the control of the Steering Committee and internal decision makers). It led to the question: "Are the HIA rules too rigid?"
- Setting up the Steering Committee: It is really important that you have the right players and the decision makers involved in the Steering Committee. As they need to be part of the evolution of thinking and the processes behind the recommendations.