

State Action on Avoidable Rehospitalisations and Unplanned Admissions (STAAR-SA)

A rapid applied translational research initiative

A state-wide project to improve pathways of care for older South Australians following discharge from hospital.

What is the problem?

Increasing numbers of older people with complex needs are seeking hospital care. Hospital stays are short and readmission rates are high. Evidence based strategies that improve older patients' experiences and reduce hospital readmissions are not consistently applied.

What the STAAR-SA Project did.

In-depth data analysis

Data from 22,130 individuals in South Australia, between 2013 and 2016, was analysed to identify the key characteristics of older people who are at risk of being hospitalised following an ACAT*.

22%

of older South Australians (65+) were hospitalised unexpectedly within 90 days of an ACAT assessment. Risk increased with more prior hospitalisations (especially if recent) more medications, being male and living in a remote area.



*an aged care eligibility assessment conducted by an Aged Care Assessment Team member



We listened to older South Australians

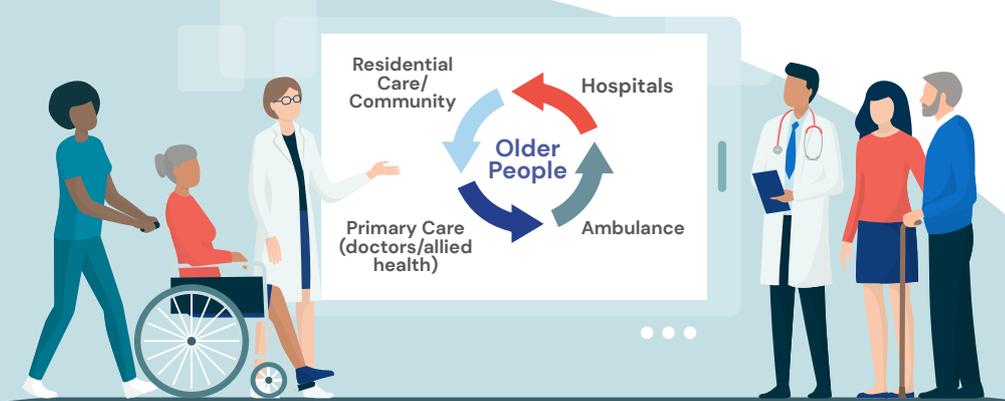
Older people told us about their experiences using out-of-hospital services. They valued the services and trusted the staff. Having one main point of contact was important to provide continuity of care, support and assurance to older people.

We listened to healthcare workers and service providers

They described strategies to improve pathways of care for older people and the barriers to accessing relevant data needed for evaluation. Opportunities to learn and network with other health and community teams was limited.

Bringing it all together by fostering cross-sector collaboration.

We established a Quality Improvement Collaborative (QIC). Initiatives to improve care pathways were piloted across health and community sectors. Healthcare workers found the QIC useful for strengthening networks. The network developed (clinicians, researchers, community providers) will allow future work on preventing readmissions.



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