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

Members of STAAR-SA Project Team – Kate Laver, Carmel McNamara, Gill Harvey and Liz Lynch at the Expert Panel meeting

What is the challenge?

SA hospitals are facing escalating demand from frail older people with multiple long-term conditions who have complex health and social care needs. Current approaches to avoidable hospital admissions/readmissions in SA are fragmented. While there is evidence about strategies to improve older patients' experiences of hospital discharge and reduce hospital readmissions, they are not implemented systematically across South Australia.

Progress since last newsletter

The STAAR-SA research project has been progressing well, despite the delay caused by COVID-19. Below is a short update on the three work packages that make up the program of work for STAAR-SA.

Work Package 1 (WP1) has analysed data in the Registry of Senior Australians (ROSA) to monitor whole of system outcomes for high risk older people. Using the ROSA data, Risk Profiling tools have been developed that could be used to identify patients at high risk for unplanned hospitalisation. These tools could be used at the point of ACAT or at entry into permanent residential care, to flag and prioritise patients who are at the highest risk of going to hospital within 90 days. Feedback on potential ways of using the tools 'in the field' is currently being collected.

Work Package 2 (WP2) will evaluate programs/services that patients, who have had an ACAT, may be accessing and compare this with a control group from the ROSA data. An out-of-hospital service from each metropolitan Local Health Network will be evaluated and the pathways of patient care for each program will be documented. WP2 is also exploring opportunities to include data from rural and regional areas of South Australia. Ethics and governance approvals have been received from the SA Department of Health and Wellbeing. Ethics approval is also required from the Australian Institute of Health and Welfare (AIHW) to enable data linkage between the AIHW data and ROSA data, and that approval application is in process.

In addition, the Council of the Ageing (COTA SA), through their Plug-in initiative, will undertake a qualitative study to explore the perceptions of older South Australians who have used these services, to gain an understanding of the consumer and/or carer experience.

Work Package 3 (WP3) is the establishment of a Quality Improvement Collaborative (QIC) where front-line health and aged care providers come together to learn, share and benchmark outcomes with the goal of increasing the quality of care for older people at times of transition. This work was on hold due to COVID-19 but is now progressing and began with a workshop in mid-September. Over 30 participants, (the Expert Panel members) from a diverse range of agencies and service providers, came together to begin the work of establishing the QIC by:

- reviewing the evidence on best practice transitional care
- establishing a set of agreed overarching aims and outcome measures, and
- providing input into what teams/services could be approached to participate in the Quality Improvement Collaborative

Health Translation SA is a NHMRC accredited Advanced Health Research and Translation Centre that aims to accelerate the translation of research along the impact pathway to improve health outcomes for South Australians. It has nine Partners.

Outcomes of the Expert Panel meeting

The membership of the Expert Panel was made up of experienced health care professionals and consumer representative groups, with a current working knowledge of transitional care programs and services for older South Australians. Participants were divided across 4 tables and were asked to discuss the key problems for either community or residential aged care, and suggest some strategies that could be tested by the QIC teams. The teams then voted on each identified problem area with the top 5 outlined in the table below.

Residential Aged Care	Votes	Community	Votes
Timely access to GPs with experience/expertise in client group	19	Poor communication between agencies	29
Lack of shared care plans (GP/Hospital/Provider)	18	Lack of patient/carer involvement in own health care/health literacy	21
Lack of Advanced Care Plans (current)	15	Discharge summaries- timeliness, accuracy	17
Access to palliative care in RACF	14	Lack of communication about medication changes	12
Need for more training in workforce	14	Non-clinical support not organised in time eg food in fridge, transport	5

The next stage is to form Quality Improvement Teams of at least 2-3 people, with each team to trial an agreed set of changes or activities that have been identified as having the potential to improve the transition out of hospital for older people, and/or reduce unplanned admissions or rehospitalisation. The initiatives to be tested will focus on residential and/or community services and will be informed by existing research evidence and the outcomes of the Expert Panel workshop, as well as learnings gained from the COVID-19 experience.

Introducing two new members of the STAAR-SA Project Team

Dr Jesmin Rupa – Research Officer

Jesmin is an applied economist. She has a strong interest in the economics of food security, nutrition and related health outcomes. Jesmin has joined the STAAR-SA project team in a part-time capacity as a Research Officer and is undertaking data collection and the coordination of the STAAR-SA Protocol paper for publication submission.

Christina (Chrissie) Isaksson – Network Manager - STAAR-SA

As a physiotherapist who has been registered for over 35 years, Chrissie has extensive experience working as a clinician across a variety of health care settings including both public and private hospitals, private practice, and in the aged care sector. Over the last 5 years she has supported projects with a focus on improving care in hospital for older people, and is looking forward to working with the STAAR SA Project Team on Work Package 3 and the Quality Improvement Collaborative.

Project contact details

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