Feedback

OVERWHELMINGLY POSITIVE feedback on services and support

Individuals feel they have been treated with dignity and respect and provided with the necessary nursing care, support, health education and housing assistance to address their needs.

Benefits

FILLS A SERVICE GAP
Provides timely engagement while the person is in hospital and assertive follow up care post-discharge, and targets those most in need and with complex histories.

INTEGRATES HEALTH AND HOUSING
Both clinical nursing and non-clinical staff are committed to providing targeted services that see housing as a health outcome and healthcare as a housing outcome.

SAVES MONEY AND HELPS TO FREE UP HEALTH SYSTEM CAPACITY
After two years of service delivery, data shows that unnecessary and costly hospital (re)presentations and inpatient stays are being prevented through the assertive nursing care, housing assistance and linkage to needed medical and community services that the Pathways nurses and Home for Good staff provide.

PERSON-CENTRED
Engages the individual prior to discharge or soon after through regular visits and phone communications. Aims to stay connected no matter what the challenge or behaviour exhibited.

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Confirms local evidence that an average intervention period of four months can stabilize a person’s situation while facilitating access to ongoing supports as required. Contributes to the body of international evidence (incl. Pathway UK pathway.org.uk) on models of post-discharge care in the community for vulnerable populations.

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→ Provides assertive advocacy and care coordination to overcome barriers to healthcare and housing services.
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Cost Savings

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<tr>
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$3.62M (over 2 years) Net Cost Benefit based on the 150 participants

Outcomes and Benefits

...for Participants

- Housing stability
- Hospital avoidance
- Improved self-management
- Provides a strong return on investment
- Fills a service gap

...for Health and Social Systems

- Is targeted
- Is person-centred
- Is evidence-based
- Reduces ED presentations/hospital admission rates

Pathways Hospital Admission and Discharge Pilot Project

Summary of the first two years Dec 2014 – Dec 2016

Micah Projects staff through the Home for Good Coordinated Access and Referral Team (CART) and St Vincent’s Private Hospital Brisbane nurses have been working with partnering hospital units across the Royal Brisbane and Women’s Hospital and Princess Alexandra Hospital to establish the Pathways Pilot program. Pathways targets vulnerable populations who are homeless or vulnerably housed with multiple and complex health and social support needs prior to discharge from hospital.

Funding from the Queensland Department of Health for $229,266 per annum plus a small amount of additional resources from Micah Projects, St Vincent’s Private Hospital Brisbane and the Mercy Sisters has allowed for the provision of 60 hours of nursing care each week, two days of project/clinical management and operating costs.

Cost

For more information contact

→ Karyn Walsh, CEO, Micah Projects | 0413 619 785 | karyn.walsh@micahprojects.org.au
→ Kim Rayner, Manager, Inclusive Health | (07) 3209 7000

Summary compiled by Micah Projects

Inclusive Health

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Micah Projects Inc

Pathways Hospital Admission and Discharge Pilot Project for Homeless and Vulnerably Housed People: Second Year Indicative Cost-Benefit Analysis by Luke B Connelly, PhD and Angela M Maguire, PhD, February 2017

In two years...

- Enhanced community/hospital partnerships to improve health, housing and wellbeing outcomes for vulnerable individuals
  - Pro-actively worked to address housing, health and social support needs through direct clinical nursing care, care coordination and assertive linkage to health, housing and community services

LINKED WITH
33 HOSPITAL UNITS across Pathways partner hospitals

RECEIVED REFERRALS FROM
74 INDIVIDUALS (discharge facilitators and social workers)

JAN 2015
47%
DEC 2016
64%
Improvements in the number of hospital discharge summaries received

- Reduced the cohort’s hospital (re)admissions and presentations to the accident and emergency departments while in the Pathways program
  - 76% REDUCTION IN EMERGENCY DEPT. PRESENTATIONS
  - 83% REDUCTION IN AMBULANCE USAGE
  - 76% REDUCTION IN INPATIENT ADMISSIONS

- Improved the ability of the person to manage their health and avoid hospital admission where they had the capacity to self-manage
  - As they progressed through Pathways, participants increased their ability to manage their health with a majority gaining a comprehensive understanding of their health conditions and how to self-manage their health and medication requirements.

### Target Population for Pathways

**Vulnerability**
- 2.25 average years of homelessness
- 71% use drugs or alcohol
- 87% identify as having a mental health condition
- 46% receive a disability support pension

**Chronic Disease**
- 33% have asthma
- 31% have heart disease
- 25% have liver disease
- 19% have diabetes

**Police and Criminal Justice**
- 5.8 average number of police interactions in previous 6 months
- 32% rate of prior imprisonment

---

### Health

- **OCCASIONS OF NURSING CARE**
  - 6,389
  - Carried out by the Pathways nurses

- **REFERRALS**
  - 829
  - Made to GPs, primary healthcare services and community support agencies

### Social Support

- **On Entry**
  - 22%
  - Accessing Community Support

- **By Exit**
  - 99%
  - Connected with a GP

---

### Housing

- The majority of people at entry to the service (65%) were either rough sleepers, couch surfers, in emergency/crisis accommodation or identified the hospital as their accommodation type. At the point of exit from the service this shifted to more stable and secure forms of housing such as public and community housing.

---

### Outcome

- **IH**
- **MP**
- **COMM SERVICES**

### Brisbane Homelessness Service Collaborative

- **Clinical Support**
- **Housing Support**
- **Social Support**

### Pathways

- **Hospitals**
- Royal Brisbane and Women’s Hospital
- Princess Alexandra Hospital
- Home for Good Coordinated Access and Referral Team (Micah Projects)
- Inclusive Health Pathways
- Clinical Nursing Support
- Housing and Homelessness Support
- Micah Projects
- Community Services

### Partner Hospitals

- Royal Brisbane & Women’s Hospital
- Princess Alexandra Hospital
- Micah Projects
- St Vincent’s Private Hospital
**In two years...**

- **Enhanced community/hospital partnerships to improve health, housing and wellbeing outcomes for vulnerable individuals**

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  - Social Support: Community Services
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- **Pro-actively worked to address housing, health and social support needs through direct clinical nursing care, care coordination and assertive linkage to health, housing and community services**

  - **6,389 OCCASIONS OF NURSING CARE** carried out by the Pathways nurses
  - **829 REFERRALS** made to GPs, primary healthcare services and community support agencies

- **Reduced the cohort’s hospital (re)admissions and presentations to the accident and emergency departments while in the Pathways program**

  - Total number of ED presentations, ambulance transfers and inpatient admissions

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Cost

Over 2 years:

Cost $579,836
Net Benefit $3,620,000

Summary compiled by Micah Projects

For more information contact

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Service Model

Pathways is a post-hospital discharge service designed to provide person centered admission and discharge planning, care coordination, direct nursing care and housing assistance in the community.

A key objective of the Pathways initiative is to improve the services provided to homeless and vulnerably housed people when they are discharged from hospital. The pilot aims to reduce rates of potentially preventable hospital (re)admissions by integrating housing and healthcare outcomes.

Pathways nurses are integrated with Micah Projects Home for Good Coordinated Access and Referral Team allowing for a stronger model of direct service delivery especially with regards to the provision of housing and crisis assistance.

Savings

240 Referrals Received
150 Supported Longer-term
57 Supported Short-term
33 Diverted to other services or did not engage

$3.62 M (over 2 years) Net Cost Benefit based on the 150 participants

When resource-intensity of inpatient use is modeled, the estimates suggest that Pathways may return as much as $7.25 per $1 spent.


1. Pathways Hospital Admission and Discharge Pilot Project for Homeless and Vulnerably Housed People: Second Year Indicative Cost-Benefit Analysis by Luke B Connelly, PhD and Angela M Maguire, PhD, February 2017