Bridging The Gap

Transitioning from Hospital to Community Services

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- Population of 35,000.
- Located 3 hours west of Melbourne.
- Overall health statistics compare poorly to national averages.
  - 61.4% of population overweight or obese.
  - 5.5% or 1800 have a diagnosis of type 2 diabetes.
  - Ageing population, 13% over age of 70 years old. Higher incidence of falls in this population.
- Poor health statistics lead to increased demand on acute and subacute hospital services.
Our project

- Develop appropriate community based exercise classes for transitioning clients from South West Healthcare (SWH) specialised classes to community based classes.
- Ensure a smooth pathway exists between SWH and community services.
Introduction

Objectives

• Reduce acute and subacute hospital admissions.
• Maximise access to our program.
• Educate and provide clients with the tools to make sustainable lifestyle changes.
• Monitor success of community transitions.
Barriers

- Lack of suitable exercise options in the community.
- Affordability of community classes.
- Reluctance to move onto unfamiliar environment.
- High turnover of staff in community gyms.
- Lower staff:patient ratio.
General Exercise Class (GEC)
• 12 weeks, twice weekly.
• Approx. 15 clients per class.
• Average age 60 – 70 years old, majority of participants present with range of chronic conditions.

Program goals
• Develop independence with individualised program.
• Self management and taking responsibility for their own health.
Balance classes
• Beginner, intermediate and advanced levels.
• Between 6 – 8 clients per class.
• Educational component available where appropriate.

Program goals
• Decrease falls risk, improve confidence.
• Determine factors that may be contributing to falls.
• Develop independence with individualised program.
Community Class

Conducted at Aquazone (Warrnambool City Council gym)

**General exercise class**
- 3 x weekly sessions.

**Balance classes**
- 1 x weekly beginner and intermediate classes available.

**Class details**
- Affordable at $5.60 per class.
- Referral only from SWH giving us control of class numbers, content and participants.
- Not time limited.
Why it works

• Clients have a clear pathway.
• Orienting clients to community classes assist with anxiety associated when attending a new environment.
• Referrals and exercise programs are created for each client.
• Communication.
• Clients enjoy social aspect of group.
Community transition follow up call (two month post D/C)

**GEC**

**Exercise frequency - per week 30 mins+**

- No exercise: 5%
- 1-2 times: 21%
- 3-4 times: 30%
- 4+ times: 44%

**Are you taking part in community exercise classes?**

- No: 39%
- Yes: 61%

**Balance**

**Exercise frequency - per week 30 mins+**

- No exercise: 10%
- 1-2 times: 30%
- 3-4 times: 10%
- 4+ times: 50%

**Are you taking part in community exercise classes?**

- No: 30%
- Yes: 70%
Future areas

- Encourage independent use of community facility.
- Use feedback from follow up calls and visits to continue improving community transitions.
- Expanding program into other organisations.
- Encourage community staff to attend hospital classes.
Conclusion

• For a successful hospital to community transition there must be a smooth and clear pathway.
• Clients need to be nurtured and coached through process.
• Recognizing a clients barriers and breaking these down is essential for successful long term lifestyle changes.
• Developing and maintaining strong relationships with community organizations is vital for community programs to prosper.
• On track to achieve our objective of reducing acute and subacute hospital admissions.