Perth's First Medical Respite Centre

Evaluation of the First Year of Operation:
Executive Summary

HOME 2 HEALTH
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The Medical Respite Centre (MRC)

The MRC is Australia's first medical respite care service for people experiencing homelessness who are being discharged from hospital. The MRC provides medically supported short-term accommodation, allowing individuals the opportunity to rest and recover in a safe and therapeutic environment following hospital discharge, whilst linking them to community health, social and support services and housing/accommodation. The MRC was established as a recommendation of the WA Sustainable Health Review and commenced operation on 25 October 2021 as an initial two-year pilot. The MRC is collaboration between Homeless Healthcare (HHC) and Uniting WA, based in inner-city Perth with close access to homelessness and health services.

20
RESPITE BEDS

24/7
ONSITE MEDICAL CARE

MRC Aims and Objectives

The overarching aim of the MRC is to ***improve physical health, mental health, and social outcomes by facilitating the transition out of homelessness***, underpinned by:

1. To provide coordinated medical and respite care following hospital admission or emergency department presentation for people without safe discharge options;
2. Identify and address physical and mental health issues contributing to hospital ED presentations and/or hospital admissions among people experiencing homelessness;
3. Link residents with a primary care provider to support identification, prevention, management and treatment of health conditions in the community;
4. Utilise MRC admissions as an opportunity to strengthen continuity of healthcare and care coordination;
5. Identify psychosocial and wellbeing needs of MRC residents and link them to community and support services (incl. case management), and;
6. Facilitate access to suitable housing and/or long-term accommodation and associated support.

It's my home at the moment and that's how I feel when I come here. I've got my bed, my room, I can do my laundry, I can shower, come and go. Hospital wouldn't have felt that way; it just would have been clinical.
– MRC Resident

Core Elements of the MRC

- **INTEGRATED HEALTH & PSYCHOSOCIAL SUPPORTS**
- **PERSON-CENTRED HEALING & RECOVERY FOCUS**
- **TRAUMA-INFORMED, THERAPEUTIC ENVIRONMENT**
- **MULTI-DISCIPLINARY TEAM** *(incl. GPs, case workers, peer-support, and AOD specialists)*
- **RECOGNITION OF HOUSING AS FUNDAMENTAL TO RECOVERY**
- **LOW BARRIER ELIGIBILITY**
- **CULTURAL SECURITY & INCLUSION**
- **CONTINUITY OF CARE EMBEDDED INTO SERVICE DELIVERY & DISCHARGE PLANNING**

Referrals in Year 1

280
REFERRALS RECEIVED

86%
OF REFERRALS FROM HOSPITAL SITES

86%
ACCEPTED REFERRALS RESULTED IN ADMISSION

Most common reasons for referral:

- Post-hospital care to facilitate recovery
- Stabilisation of health issues
- Earlier discharge from hospital than otherwise possible (without the MRC)
- Provision of medical care not requiring acute hospital bed *(e.g., wound care, stabilisation of chronic health conditions)*
- Addressing underlying issues driving recurrent hospital use

Admissions in Year 1

152 PEOPLE ADMITTED

177 ADMISSIONS *(range: 1-4 p/person)*

20 DAYS AVERAGE LENGTH OF ADMISSION

79% OF ADMISSIONS >14 DAYS PREVENTED HOSPITAL USE (N= 64)

Who Had the MRC Supported?

Of the 152 residents supported in Year 1:

72% MALE

33% ABORIGINAL OR TORRES STRAIT ISLANDER

54% HOMELESS FOR >1 YEAR PRIOR TO MRC

46% DUAL DIAGNOSIS *(AOD and MH)*

39% >5 CHRONIC HEALTH CONDITIONS

Types of Support Provided

DIRECT MEDICAL CARE

post hospital follow up and monitoring/treatment of health issues, health assessments, preventive screening/investigation, primary care support and care plans, referrals to specialist, allied health and community health services, AOD specialist in-reach

100% OF MRC RESIDENTS HAD HEALTH ASSESSMENT

1 IN 6 MRC RESIDENTS HAD NEW GP CARE PLAN DEVELOPED

HEALTH EDUCATION AND HEALTH LITERACY

relating to existing and newly diagnosed health conditions, harm minimisation, lifestyle modifications, capacity building to self-manage chronic health conditions

IDENTIFICATION AND SUPPORT AROUND PSYCHOSOCIAL NEEDS

personal recovery goals, opportunities to engage with key workers and peer support staff, practical supports relating to housing, ID, financial and legal issues

3 IN 5 SUPPORTED ONTO PRIORITY HOUSING LIST *(of those eligible)*

ONE-THIRD SUPPORTED TO OBTAIN ID

> *Through events and circumstances, I ended up here realising that I need to go to rehab. I've gotten some brilliant support from the people here.* – **MRC Resident**

CONNECTIONS TO COMMUNITY-BASED HEALTH SERVICES AND PROGRAMS

such as AOD residential rehab or counselling, community mental health

TWO-THIRDS CONTINUED TO SEE HHC IN COMMUNITY POST-MRC

4 IN 5 CONNECTED TO AT LEAST 1 EXTERNAL SERVICE *(most common were AOD, MH, and housing)*

SUPPORTING PEOPLE TO ACCESS HOUSING AND ACCOMMODATION

administrative support, priority housing listing, rental bond assistance applications

2 IN 5 MRC RESIDENTS DISCHARGED DIRECTLY INTO HOUSING *(of those who completed admission, the majority of others stayed at StayWitch's or went into rehab)*

STRENGTHENING INDEPENDENT LIVING SKILLS

computer literacy, job seeking, financial management, cooking, attending appointments

HEALING AND MEANINGFUL USE OF TIME

provision of optional activities relating to cooking, arts and craft, music, gardening, physical activity, journalling

> *I'm nearly 65 this year… my provider's looking for a little place for me. I'm hoping to get a little dog… It's companionship and even though I can't walk far… It's motivation to get going. For now, that's my goals.* - **MRC Resident**

FUTURE GOALS

supporting residents to identify goals, investigate job or study options

Health Service Use Prior to the MRC

MRC residents had frequent and recurrent use of the health system prior to their MRC admission **in the three years prior to their first MRC admission:**

- ONE THIRD HAD >10 ED PRESENTATIONS
- ONE IN SIX HAD >10 AMBULANCE ARRIVALS TO ED
- ONE THIRD HAD >5 INPATIENT ADMISSIONS
- ONE THIRD SPENT >25 DAYS ADMITTED AS AN INPATIENT

Most common reasons for hospital use include intoxication, withdrawal and associated complications

$17mil
IN HOSPITAL COSTS IN THE 3 YEARS PRIOR TO MRC^
(APPROX. $38K PER PERSON PER YEAR)

Changes in Health Service Use Pre/Post MRC

Comparing one month pre- and post- MRC first admission date for all 152 residents:

EMERGENCY DEPARTMENT USE

45%
REDUCTION IN PEOPLE PRESENTING TO THE ED

46%
FEWER ED PRESENTATIONS

27%
FEWER ED REPRESENTATIONS WITHIN 7 DAYS

INPATIENT ADMISSIONS

64%
REDUCTION IN PEOPLE ADMITTED

44%
REDUCTION IN TOTAL DAYS ADMITTED

$2.3mil
IN ASSOCIATED HOSPITAL COST REDUCTIONS ^ COMPARING 1MO-PRE MRC ADMISSION TO 1MO-POST MRC ADMISSION
(APPROX. $15K PER PERSON)

Perceived Impact of MRC on Hospital Use

REDUCE UNNECESSARY ADMISSIONS

I referred a 20yo patient to the MRC – he had an abscess drained under care of the surgical team. Typically, this procedure is discharge same day or maximum 1 night LOS. This patient had to stay in hospital until a suitable discharge plan could be ascertained due to needing daily wound dressings. Without a suitable address, he was not eligible for community supports. If the wound was not tended to appropriately, the risk of him representing with infection was astronomically high… In instances like this, the MRC is the absolute perfect solution to ensure people's healthcare needs can be met and avoidable hospitalisations are prevented. – **Stakeholder Survey**

FACILITATE HOSPITAL DISCHARGE

This service has been very beneficial in helping discharge patients from the hospital to ongoing health & accommodation support. – **Stakeholder Survey**

FREE UP ACUTE BEDS

Well [the MRC] frees up the beds, that's for sure. Yeah, like a lot of the people when you look at doing their case management you see that they're just continuously moving through the hospital system… like one person can just keep going through and through. So even just knocking the few on the head is beneficial. **– MRC Key Worker**

We liaised with Homeless Healthcare to discharge a patient to the Medical Respite Centre so that he could continue to receive medical support after leaving hospital. This in turn promotes better health outcomes for the patient plus access to community services and support. **- Social Worker, Tertiary Hospital**

REDUCE REPEAT ED PRESENTATIONS

Fantastic program that has been very useful for homeless patients presenting to ED and reducing unnecessary admission times for vulnerable patients. **–Stakeholder Survey**

^Based on average ED presentation costs to WA Public Hospitals of $922 per presentation and average cost of inpatient admission of $2,787 per day (IHACPA, 2022), on average cost of psychiatric inpatient admission of $1,675 per day (AIHW, 2022) and average cost of ambulance arrivals to ED of $929 (ROGS, 2023).

Year 1 MRC Impacts and Key Findings

This independent evaluation of year 1 MRC indicates that the combination of medical and psychosocial support provided in a trauma-informed MRC setting has to date achieved its two overarching aims:

1. **Improve physical and mental health outcomes for people experiencing homelessness; and**
2. **Improve social outcomes by facilitating the transition out of homelessness.**

This is the first medical respite service of its kind in Australia, with the only other examples much smaller in bed capacity and without onsite medical staff, limiting the acuity of patients who can be admitted.

The ways in which the MRC has benefitted different groups are summarised below:

PEOPLE EXPERIENCING HOMELESSNESS

The MRC has acted as a circuit breaker for the revolving door between hospital and street, provided opportunity to stay in safe trauma-informed environment where medical, wellbeing and social support is embedded. Supporting people to access housing/accommodation is integral.

For a subsample of 42 residents:

67% REPORTED IMPROVED PHYSICAL HEALTH

62% REPORTED IMPROVED MENTAL HEALTH

PERTH PUBLIC HOSPITALS

The MRC has provided safe discharge option to reduce discharge of homeless patients back into homelessness, reduced recurrent ED presentations and facilitated earlier discharge for some.

HEALTH SYSTEM

The MRC has demonstrated effectiveness of providing alternative discharge pathway for a population with higher hospital use than general population, freeing up of ED, inpatient, and mental health beds via earlier discharge and reduced re-presentations, cost saving associated with reduced hospital use

7x CHEAPER PER BED DAY COMPARED TO INPATIENT BED DAY

$1.9mil MINIMUM OF EQUIV. HOSPITAL USE PREVENTED BY THE MRC (for a sample of 42 residents)

SUSTAINABLE HEALTH REVIEW IMPLEMENTATION

The MRC has demonstrated shift in healthcare use from acute hospital use to greater engagement with primary care, outpatient clinics, public community health services (e.g., AOD, mental health), and secondary prevention services (e.g., residential rehabilitation)

HOMELESSNESS SECTOR IN PERTH

The MRC has demonstrated the effectiveness of integrating health and homelessness expertise within the MRC model of care; chousing and support needs are able to be identified and addressed in tandem with healthcare, and connecting people to housing/accommodation and follow up supports are a critical aspect of MRC discharge planning.

Key Considerations

The WA MRC has in its first year, demonstrated substantial reductions in hospital use among the cohort of people supported of a magnitude that is impressive in the context of findings from published evaluations of more established respite services internationally. As a pilot, there are nonetheless learnings and considerations for the future of the MRC from this evaluation. These are just some of the considerations as outlined in the full report:

CONSIDERATIONS FOR YEAR 2 OF THE MRC PILOT:

- **Revise KPI for average MRC Admission to be up to 3 weeks:** 14 days is much shorter than the average length of stay in comparable respite care internationally and the complexity of health needs and lack of available housing upon discharge make it challenging to meet this current KPI.
- **Establish prioritised pathways for public housing and supported accommodation** for MRC residents to facilitate timely discharge and free up beds to meet growing waitlist demand for the MRC.

CONSIDERATIONS FOR MRC MODEL AND FUNDING BEYOND YEAR 2:

- **Investigate a more 'fit for purpose' premise** that would enhance capacity to take more referrals for AOD detox, women who have experienced trauma/violence (where shared spaces are challenging), people with mobility needs.

Reference: Wood L, Vallesi S, Tuson M. 2023. Perth's First Medical Respite Centre. Evaluation of the First Year of Operation. Institute for Health Research, University of Notre Dame Australia.

For full report please visit: www.home2health.org