You’ll need to go to hospital in Melbourne!
The experience of country patients and families at Monash Medical Centre

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Acknowledgements

• We would like to acknowledge the assistance of Jodie Lee with data analysis
• The residents of the Wright Street Flats (WSF) who participated in the survey
• Christine, who will be sharing her personal experiences of the WSF today
Research Interest

• **Research Question**: “How well and in what ways do the Wright St Flats meet the accommodation and support needs of rural patients of Monash Medical Centre (MMC) and their families?”
Literature Review

- Highlighted the **current difficulties** facing the rural community;
  - economic decline
  - increase in mental health issues
  - negative outcomes of isolation and stress
  - lack of accessibility and availability to healthcare services
- Key areas reveal current pressures and highlight that when these underlying social issues are combined with a planned or sudden need to attend necessary medical treatment in an urban location, the **burden of this can be significant**.
- Numerous factors to consider such as transport, cost, accommodation and social support.

Background: Wright St Flats

• History
- operated by social work department for last 20 years, managed by ‘Administrator’
- ongoing lobbying and advocacy for funding
- Available to accommodate rural patients and/or families living over 100km from hospital
- over 1,500 patients and/or carers spend a period of time in WSF per year

• Structure
- adjacent to MMC
- facility comprises eight two-bedroom flats, which can accommodate two families per flat. The bedrooms have 2 single beds per room and the residents share a kitchen, lounge room and a bathroom.
- Administrator organises bookings, attends to any concerns/needs of the residents during their stay and provides emotional support. Referral basis.

• Purpose
- To meet practical and emotional needs of patients and families during their planned or emergency stay
- Aims to acknowledge the importance of social support during difficult times, and operate as a solace for residents. compassion and understanding of personal needs and circumstances is a priority for the staff at the Social Work Department.
Snapshots & Video

Monash Health
Quality Design

• 5 Methods were utilised;

- Critical literature review
- Analysis of records detailing usage rates, demographic and other data on residents during a selected period
- Distribution of satisfaction surveys
- Completion and analysis of blog provided by Administrator during typical one month period
- Benchmarking exercise- models of accommodation
Limitations

- Loss of data for medical file analysis
- 50% survey response rate-33 distributed, 15 completed
  - minimal time frame to allow survey responses
- Quality Assurance Project versus Research
Findings: Age

- 18-24
- 25-44
- 45-74
- 75 or older

Legend:
- Nov-10
- Oct-11
Gender

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Length of Stay

- 1-5 days: Nov-10 (12), Oct-11 (18)
- 6-10 days: Nov-10 (2), Oct-11 (4)
- 11-15 days: Nov-10 (2), Oct-11 (3)
- 16-20 days: Nov-10 (1), Oct-11 (1)
- 21 days and over: Nov-10 (2), Oct-11 (4)

MonashHealth
State of Origin

VICTORIA

NSW

TAS

SA

Nov-10

Oct-11

Monash Health
Who uses the flats?
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Type</th>
<th>Location</th>
<th>Cost</th>
<th>SW Involvement</th>
<th>Supported</th>
<th>Unsupported</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMC</td>
<td>8 Flats, 2 families p/flat</td>
<td>Across the road</td>
<td>$45 p/night = $10</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>The Alfred</td>
<td>3 apartments</td>
<td>5km by car</td>
<td>$35 = $0</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>The Royal Women’s</td>
<td>8 two bedroom flats</td>
<td>1km by car</td>
<td>$30 for first night, then VPTAS</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>The Royal Melbourne Hospital</td>
<td>Double story house-sleeps 6</td>
<td>0.5km by car</td>
<td>$30 p/night but eligible for bulk billing</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Peter Mac</td>
<td>Self-contained apartments-20 rooms</td>
<td>Next door</td>
<td>$50 single, $85 two people</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>The Austin</td>
<td>6 two bedroom flats, one family per flat</td>
<td>Across the road</td>
<td>$35 p/night p/person = $0</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>St. Vincent’s</td>
<td>Commercial accomm.</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
Blog Analysis

The blog provided an understanding of the typical issues that residents face over a period of one month.

2 Key themes identified:

• The importance of the Administrator’s role
  - It became clear that this role was crucial and fundamental in creating a relationship with the resident, and the maintenance and building upon of this relationship was pivotal in the satisfaction of their overall experience. This role provides residents with emotional support, information, advocacy, and is focused on meeting the numerous needs of residents.

• The emphasis and value placed on the management of resident’s emotions and exploring the placement of residents to find a match that suits both parties.
  - Information gathered demonstrated the wide variety of reasons residents need to utilise the flats, but they all highlight the underlying stress, fear, anxiety and need for contact and support that they have experienced during their stay.
  - Occasional support groups formed
Satisfaction Survey

• Key Findings;
  • Overall, the results from the survey were overwhelmingly positive and complimentary of the current service.

“I couldn't praise the staff more for the support and understanding they gave me during my stay”

“Heather (Administrator) - to which I have now dealt with twice was lovely. I first met her when my wife was first admitted in a very serious state. It was a relief indeed to have the units offered to me hassle free. I was not thinking straight and it was one less worry at the time. p.s. Thank you to all of the social work staff. What you have here in these units is a God-send for people like me. I am reluctant to fill out any negatives towards the units because of the wonderful convenience they must be for so many.”

“I would have been stranded in the city 600kms from home without this service. Thank you. Special thanks social work for their support, encouragement and warmth. Much appreciated”
• The survey demonstrated that the use of the service is largely dominated by escorts and family (76.9%) instead of patients.
• We learned that the flats are most commonly used for planned (84.6%) stays instead of emergency purposes.
• Residents rated location and cost as most appealing and listed support from other residents going through similar situation as of less significance
• Length of stay varied in responses with approximately 25% of the residents staying for a 1-5 days but there did not appear to be a clear pattern or link for the other three quarters of users. The periods of stay ranged from one to two nights, up to three weeks or more.
• Minimal negative feedback; maintenance focused
  -“Maybe need more regular checks for small maintenance issues? (light globes, blinds etc)”
• Suggestions for improvement related to abuse of flats from other residents and to make flats more wheelchair friendly
Discussion: What do our findings mean?

- The WSF are meeting a current need and are well used by the rural community
- Patients and/or families are very satisfied with their stay
- Role of the Administrator is key to their success
- Role for support groups from other residents experiencing similar stressful situations?
- Key demographics
Recommendations

• Value of annual evaluation
• Importance of regular and consistent data collection
• Further development of procedure and policy
• Future directions for research;
  - role of Administrator; experience of accommodation dependent on this relationship?
  - examination of the relationship between the provision of accommodation and health outcomes for users would be of value
  - address different models of health facility-provided accommodation in relation to their advantages and disadvantages for patient health outcomes
References


Nagel, T (2012), *The Active Participants in Mental Health Services*, Chapter 9

Uchino, B (2009) ‘Understanding the Links between Social Support and Physical Health; A life-span perspective with emphasis on the separability of perceived and received support’, *Association for psychological science*, Vol. 4, No.3, pp; 236-249