

Attachment Three - Service Overview

→ **Recognition for true community based model of care** – the associated cost / benefits to the patient / health system and community

Little Haven's demonstrated efficient and effective model – 37 years of compassionate care

Particularly given the demographics of the Gympie Region's

- Ageing Population (Well above the State average with 20% of population 65 years +)
- Socio economic status (High rates of unemployment and social adversity)

Little Haven Palliative Care and Cancer Support

Our model of care values

- **24/7 support** ~ genuine after hours care (not just telephone support) **educating and empowering families to care for their loved ones – backed up by our support**
- **The role of the GP** in management of community palliative patients with access to specialist palliative services (SCSPCS) for patients with complex symptom management issues.
- **Early intervention of palliative care to support patients from their point of diagnosis**

Of note the average number of patients on our books at any given time has nearly doubled in less than 5 years; from 38 in 2012 to a current average of 74 patients on our books at any given time. **Families are accessing support earlier and staying with us longer– just as we'd hoped.**

- **Supporting patients through active treatments (palliative chemo & radiotherapy)**

We receive regular referrals from the visiting oncologists for support during their cancer treatments. With one carer recently saying she was simply told by her oncologist, "go and see Little Haven, patients who have their support do better than those that don't".

- **Providing support in the patients environment of choice – "At the right time, in the right place"**

From the Gratten institutes report into dying well.

Dying in Australia is more institutionalised than in the rest of the world. Community and medical attitudes plus a lack of funds for formal community care mean that about half of Australians die in hospital, and about a third in residential care. Often they have impersonal, lingering and lonely deaths; many feel disempowered. Seventy per cent of people want to die at home, yet only about 14 per cent do so. People are twice as likely to die at home in countries such as New Zealand, the United States, Ireland and France.

This places a high cost burden on the health system, and potentially a poorer quality of death.

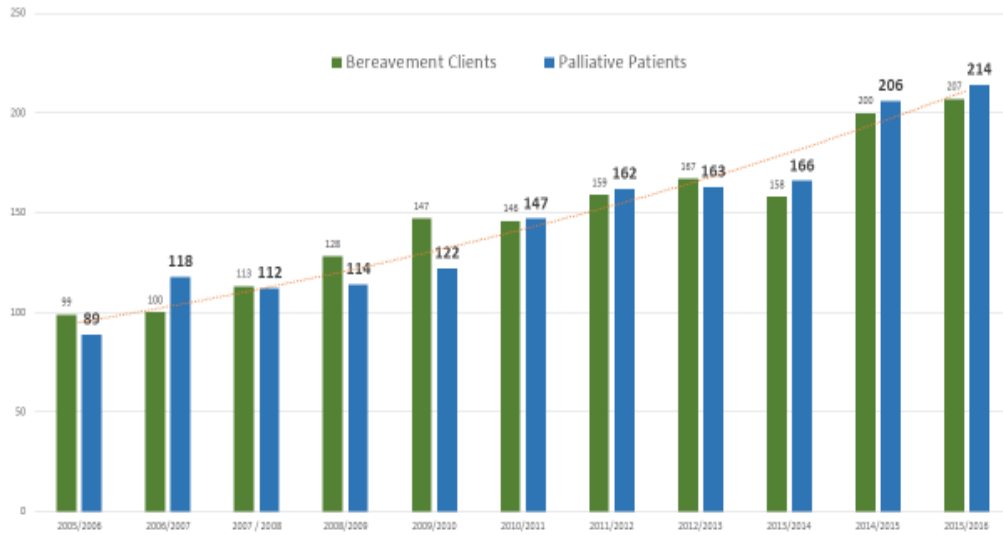
Little Haven consistently averages well above these stats supporting over 65% of our patients remaining at home to die in the past reporting period and a further 24 % dying with less than 5 days in Hospital.

- **Shaping compassion by community engagement in care of the dying** – Little Haven sources more than 65% of our funds from the local community.
- **Equitable access for all through provision of all services on a no fee basis**

Little Haven also provides

- **Advanced Clinical Management of all symptoms – Physical and Spiritual**
- **All the equipment needed in that care**
- **Respite care volunteers**
- **A comprehensive list of Complementary therapies**
- **Bereavement support service**
- **Resource Library and Education –**
- **Advance Health Planning**
- **Social work support** to assist with Advanced Care plans / Aged Care Assessments etc

Little Haven Admissions 2005 - 2016



average 13.14% increase in admission numbers / annum 2005 to 2015

Little Haven / Qld Health funding gap 2005 / 2016

