
“You'll need to go to hospital in Melbourne!” The experience of country patients and families in the city: An evaluation of a supported accommodation service for rural patients attending hospital.

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A twenty-year old man from a rural location in Victoria was holidaying interstate with close friends having the time of his life. One afternoon the friends were socialising on the balcony of their apartment, John was perched on the balcony railing, carefree and laughing. John suddenly lost his balance, falling backwards and smashing his head against the hard ground below. In a split second, his whole world changed.

He was rushed to a nearby hospital and subsequently transferred to a large, metropolitan Victorian hospital. Though admission to this acute hospital was necessary due to his complex medical needs and the specialised care required, it presented some significant difficulties for his family as they were based four hours from his care.

His mother, family, girlfriend and friends received the devastating news and rushed to be by his side. However, they had serious concerns as to how to provide consistent support and remain by his side when there were numerous financial, transport and accommodation worries. John's injuries were so substantial that his hospital admission was likely to be long-term.

Fortunately, the social work department was able to accommodate John's family in a low-cost furnished unit owned by the hospital, which is available to patients and/or families living over 100km away. This enabled his family to remain close to John at limited cost and allowed different family members to provide daily support and encouragement for him, assisting in his care.

What followed for John were four months in the acute hospital setting, with daily intervention from the medical team and allied health. John began to demonstrate small signs of improvement and was eventually transferred to a rehabilitation facility for individuals under 65 years old with a disability. John was left significantly disabled requiring high-level care.

This scenario is not uncommon and while a number of large public hospitals in Victoria make accommodation provisions for such situations, there is little research looking at the psychosocial needs of families like John's and the impact of their situation on their overall health and emotional wellbeing. This research is a first step in that direction: we wanted to know what role the provision of accommodation plays for patients and families, what they can tell us about their needs and how accommodation services such as ours can better meet their requirements.

Key words: rurality, accommodation, social isolation

Introduction

Rural and remote patients face a major challenge, in that, in order to have their health care needs met they have to move away from their local community. Country patients are frequently referred to city hospitals for high-level treatment, sometimes in a crisis or for a planned procedure. Their family usually accompanies the patient to provide support and be involved in their medical decision-making. These country families, coming to the city, are often isolated and anxious, and may feel unsupported out of their local, familiar environment. While in this paper we discuss issues of patients coming from rural areas to metropolitan hospitals, we are also aware that similar issues arise for rural people who may be distanced from regional hospitals. Although not the focus of this research, it is an issue to be mindful of when addressing challenges of rural people's health care.

Monash Medical Centre (MMC), which is a part of the Monash Health network¹, owns and operates an accommodation facility, the Wright Street Flats. The flats are located adjacent to the hospital in Clayton, Melbourne, and are available to country patients receiving treatment. This paper presents the findings from a quality assurance project, focused on developing and analysing data in order to discover how well and in what ways the Wright Street flats meet the accommodation and support

¹ Monash Health is Victoria's most integrated health service, serving the south-east suburbs of Melbourne, Victoria – comprising nine local government areas and 32% of Melbourne's population of approximately 4 million. Over 13,300 staff work over 40 sites which comprise acute, sub-acute, mental health, and aged care facilities including six public hospitals, a private hospital, eight community health service centres, five aged care residential facilities, community rehabilitation centres and mental health facilities (Monash Health, 2014).

needs of rural patients of MMC and their families. This has been identified as the main purpose of the flats by the social work department at MMC.

Studies of rural communities exploring the impact of social isolation on health and emotional wellbeing have highlighted the implications for the provision of accommodation services to patients and families who are treated at a distance from home and from the comfort of familiar supports and networks. At a very practical level we know that it can be difficult for carers and family members to remain at home if transport and cost issues cannot be addressed. The Wright Street Flats, in combination with the Victorian Patient Travel Assistance Scheme (VPTAS) (Gordon et al, 2009) provide travel and accommodation subsidies to eligible patients who have limited access to medical care in rural areas. This scheme was put in place by the Victorian Government and has operated since 2009 in order to provide subsidised, accessible accommodation to patients and families/carers as a means of addressing these issues. The purpose of our quality assurance project has been to explore the extent to which the Wright Street Flats have been successful in so doing.

The Wright Street Flats

The Wright Street Flats (WSF) has been operated by the MMC social work department since 1993. They were initially a block of residential flats, from which the social work department leased two flats. When the block was listed for sale, the flats' administrator, foreseeing the potential benefits to be gained from access to such a resource, through lobbying and advocacy gained support from the State Government to acquire the building. Over the last twenty years, this advocacy has continued, resulting in additional charitable funding grants, and enabling renovations and refurbishments to the flats in order to create a comfortable environment for residents (Personal communication, Manager WSF, March 2013).

The flats are managed by the Social Work Office Manager, known as the Administrator, who organises bookings, attends to any concerns/needs of the residents during their stay and provides information and emotional support. There is a strong relationship between the Administrator and the social work department to facilitate open communication and consistent support of residents. The WSF accommodate rural and interstate patients and their carers (escorts) who live more than one hundred kilometres away. Each year, over one thousand five hundred patients and/or their carers spend a period of residence in the Wright Street Flats. The facility comprises eight, two-bedroom flats, which can accommodate two families per flat. The bedrooms have two single beds per room and the residents share a kitchen, lounge room and a bathroom. The Wright Street Flats provide patients and families with affordable accommodation and reduction in transport costs because of a reduced need to commute. An additional saving is the availability of free car parking.

The flats operate on a referral basis and offer both planned and emergency bookings. Those accommodated include patients with complex medical needs, who require regular and planned attendance at MMC; patients liaise directly with the Administrator to personally book their stay. Other referrals come through clinical social workers who liaise with patients on the ward to establish the need for the use of a flat, which can be during times of crisis and emergency. The social work department also recognises the importance of social support during difficult times, and so, another aim for the flats is to operate as a solace for residents, where they can receive emotional support during their stay (Personal communication, Manager WSF, March 2013).

Challenges of rural life

A focused literature review of various data bases commenced in March 2013 using such search terms as 'rural', 'rurality and health' and 'social support during hospitalisation' in order to investigate available published research on rural and remote people's experience of support when accessing healthcare in a metropolitan hospital. This aimed to provide an overall picture of the experiences of rural patients and their current challenges. The literature review covered a number of areas such as the experiences and impact of isolation and stress on health, the benefits of social support during hospitalisation, and the existence of different models of accommodation for rural patients. It highlighted, in relation to our evaluation, that the provision of supported and supportive accommodation may mediate the stressful effects of hospitalisation for rural people, not just for the patient but also for their carers. In so doing, it may be the case that an accommodation service, such as this one, has a preventative role in relation to meeting some of the support needs of carers.

The experiences of rural patients:

The role of an accommodation facility available for rural Australian patients and families attending a metropolitan hospital is an important aspect of care. Its purpose is to make the delivery of medical services as easy as possible and, at the same time, to reduce patient and family stress and isolation during a time of crisis.

Research has demonstrated that rural Australian communities currently lack access to effective health services and resources (Alston, 2007) and patients living in rural and remote communities experience increasing difficulty accessing effective healthcare due to medical specialists being predominantly located in urban areas (Gordon et al 2009).

House (2001) highlights the severity and burden of social isolation on health, stating '...health risks associated with social isolation have been compared in magnitude to the well-known dangers of smoking cigarettes and obesity' (House, 2001: 273). Cornwell and Waite (2009) discuss the numerous impacts that isolation and stress can have on rural communities' health. They highlight the burden that isolation and stress can place on an individual's physical and mental wellbeing, noting that health conditions such as cardiovascular disease, inflammation and depression may to some extent emerge as outcomes of loneliness and stress. Judd et al (2002) agree, supporting the notion that rural people are an at-risk group for developing mental health problems due to social isolation and variations to their economic and environmental conditions. Bland (2010) expands this point, suggesting that the emerging elevated suicide rates occurring in rural communities may be attributed to factors such as socioeconomic decline and a lack of service availability and accessibility. In addition, Cornwell and Waite (2009) state that, whilst social isolation can have negative impacts across all age groups, age is a key risk factor, advising that the impact of isolation can be particularly severe for elderly people.

Further challenges posed by transport and financial demands, as well as the emotional stress of family illness, can add an additional burden during an already difficult time. Rural communities face significant financial distress due to environmental issues, such as drought, soil degradation, fire and floods (Alston, 2007). Therefore, the context in which families make decisions about treatment and recovery associated with medical care can be influenced negatively by their financial distress and the layering of stresses brought about by the difficulties of rural life.

In addition to the reduced service infrastructure (Alston, 2007) and economic hardship facing rural communities, there is increasing evidence to illustrate the detrimental impact these factors may have on health and mental health in rural communities. Gordon, Ferguson, Chambers and Dunn (2012) specifically address the concern of what happens to the family members and/or carers left behind when a patient needs to travel to urban areas for medical treatment. They discuss the

difficulties that arise when a dependent spouse or significant other is 'left behind', and the consequences and potential implications for these families, which can be considerable. Bland (2010) supports this idea and discusses that the individual's hospitalisation is a "potentially disruptive and traumatic separation from home and family during a time of crisis" (Bland, 2010: 4). Kelly et al (2011) discuss these issues and analyse two case studies where a family member/carer is present for the hospitalisation of a patient, exploring the benefits of this for both the carer and patient. Kelly et al (2011) emphasise the importance of an individual's healthcare being approached holistically, which is inclusive of other aspects alongside their physical health. By understanding and addressing the range of issues the individual may be facing, their confidence in the medical decision-making process may increase.

Social support and health:

As Callaghan and Morrissey (1992) and Uchino (2009) note, over the last decade research addressing the importance of social support to health has gained momentum. While 'social support' can be a difficult term to investigate and assess due to its complex nature (Hawton et al 2010), its function is to provide an individual with information that they are "loved, cared for, esteemed, valued and belong to a mutually obliging communication network" (Callaghan and Morrissey, 1992: 203). There have been numerous studies undertaken over the last two decades that highlight the benefits of social support to an individual's health, which include lowered risk of mortality and morbidity, than for individuals who are more isolated (Cornwell and Waite, 2009). Winterton et al (2013) emphasise the importance of social inclusion, which enables individuals to "feel valued and have the opportunity to participate fully in society" (Winterton, 2013: 2).

Callaghan and Morrissey (1992) discuss the 'buffer' theory, stating that the presence of social support can reduce or 'buffer' the negative and stressful impacts that a difficult life event can evoke. They suggest that the presence of increased support results in reduced adversity for an individual, who is, in turn, better equipped to cope with a stressful life event in contrast to someone who is more vulnerable and has limited social support.

Finally, our review of current international and Australian literature discovered minimal information regarding the importance, value and purpose of accommodation models for carers as well as for rural patients.

In summary, the literature reviewed indicated recognition of the importance of access to healthcare facilities for rural patients and the subsequent difficulties that may arise where this is limited. There is evidence to support the idea that rural people have limited access to services, and this is an area that demands further attention and change (Alston, 2007). The literature review also revealed the link between social support during hospitalisation and the benefits to health for both carers and patients that this can provide (Cornwell and Waite, 2009; Uchino 2009; Callaghan and Morrissey, 1993). As such, the findings from the literature review valued access to support services in helping to meet the overall wellbeing needs of rural patients and their families. It is suggested that accommodation facilities, such as that offered by the WSF may offer a model of a support service for rural patients required to attend urban centres for treatment. The literature review also established that there is a dearth of research into the effectiveness of current accommodation models that metropolitan hospitals utilise to meet the needs of rural patients and their families.

Our research question

Despite the Wright Street Flats servicing rural patients and families of MMC for more than twenty years and having accommodated more than twenty thousand people since they opened, there has never been a formal evaluation of its purpose. Therefore, once this need was recognised we felt it important to pose this research question: *how well and in what ways do the Wright St Flats (WSF) meet the accommodation and support needs of rural patients of Monash Medical Centre (MMC) and their families?*

The project had two primary aims:

1. To analyse the current use of the Wright St Flats, and explore the extent to which those using the service believed it was fulfilling its purpose:
2. To achieve an overall understanding of the experiences of rural patients and their families in accessing this healthcare service.

Design

Developed as a quality assurance project, and approved by Monash Health HREC (Human Research Ethics Committee), we used a range of quantitative and qualitative methods:

1. Benchmarking exercise via a telephone survey with 7 large metropolitan hospitals in Melbourne;
2. Data mining and analysis of records detailing usage rates, demographic and other data on WSF residents during a typical time period of two months;
3. Survey of WSF residents' satisfaction with the WSF during a two-month period;
4. Completion and analysis of an online blog provided by the WSF Administrator detailing her activities with regard to the WSF during a typical one month period.

Methods

1. A benchmarking exercise was used in order to gather information about the range of patient accommodation services provided by metropolitan hospitals in Melbourne. Seven major public hospital social work departments were contacted by phone and information was requested concerning the type of accommodation offered.
2. Data mining of information from files kept by the Administrator was analysed to ascertain demographic and other relevant information relating to the users of the flats. The data was collected from October 2010 and November 2011². The information gathered was then collated into Survey Monkey for further analysis. Data on age, gender, length of stay, medical unit attended, and rural location of users were collected.
3. Residents occupying the MMC's Wright St Flats during May and June 2013 were given an anonymous satisfaction survey to complete during their stay. This survey captured the views and opinions of both new and regular, long-term users. They were provided with an invitation letter to explain the project and encouraged to place their completed survey in an allocated box in the social work reception on discharge or to post it.

² Due to incomplete data collection prior to 2010, this time period was selected because it contained complete records and would provide a snapshot of service usage during a 12 month period

4. The Administrator of the WSF undertook a blog recording a descriptive account of her activities in relation to managing the WSF during a one-month period in March 2013 to record the typical, daily management of the flats and their residents. This blog was analysed thematically.

Data from all these sources were analysed in order to gain an understanding of the contribution this service makes to patients and families, and to identify limitations and strengths of the WSF service. The findings from this project will be used to instigate changes in the service where indicated.

Findings

1. Benchmarking exercise (see Table 1 below):

We found there to be six out of seven key metropolitan hospitals, including Monash Medical Centre, which share commonalities in their provision of accommodation support for rural families. Six out of the seven hospitals offer their own accommodation facility and one indicated utilising local accommodation. Four of the seven hospitals recognised location as an important factor for families and therefore have accommodation based less than 0.5km away and in most cases the facility is situated next door or across the road. Four facilities are owned by the hospital and the other two are owned by a religious organisation or accessed through a leasing arrangement with the Department of Housing. Many of the facilities have been in operation for fifteen or more years and were often established following advocacy efforts by the hospital social work department when a need was recognised.

Cost varied slightly amongst the facilities, but with the existence of government subsidies through VPTAS (Victorian Patient Travel Assistance Scheme), residents are reimbursed for most of the nightly rate, so the resulting cost was low. Common to each hospital was the involvement and influence of their social work department. Four hospitals confirmed their accommodation facilities are either operated or largely supported by the social work department and they identified social workers as the 'front line'. All of the hospitals recognised the benefits of social support and encourage family or an escort to be present. Service providers prioritise rural patients but if there is vacancy, will also consider the needs of other patients.

Aside from the tangible similarities present amongst the varied accommodation facilities, there were two different accommodation models identified: supported and unsupported.

Supported accommodation:

Monash Medical Centre (MMC) and another major metropolitan hospital utilise a supported approach where the residents receive personal and regular face-to-face support. MMC utilises a full time accommodation manager who is based at their facility. This Administrator acknowledged her role in providing emotional support to patients and their families, noting in her blog that patients and their families have shared comments such as "I would be sleeping in my car without this". She described hearing the stories from those in crisis, and commented that residents appear to place great value and importance on her support role, though it is not formally recognised.

The Administrators do not claim to be counsellors nor does the role require this of them. They will refer on to the social work department if required, but it was acknowledged that through the daily, casual conversations often a deeper, more meaningful interaction is built

where people can share their struggles. One hospital providing a supported model noted that they have a regular evaluation process where an annual survey is distributed to establish the ongoing value and need of the facility.

Unsupported accommodation:

The data revealed that other hospitals appear to meet the need for accommodation but are largely focused on practicality with minimal emphasis on support. These facilities were often for patients with medically complex circumstances, often requiring significant medical input. The unsupported model appears to be more prevalent in Victorian hospitals as highlighted during the benchmarking exercise, as many are operated by separate organisations, which attend purely to the accommodation needs of patients and families. Despite this, the families who are allocated to an accommodation facility are always provided with a social worker by the relevant hospital to ensure ongoing and consistent support³.

2. Data mining:

Data on age, gender, length of stay, medical unit attended, and rural location of users were collected and recorded in the Administrator's records over a two-month period. We found that the most common age range of people using the flats was between 55-74 years and these people made up 50% of users. Statistics from November 2012 demonstrated the flats are used predominately by males but in October both males and females had equal use. The data collected also indicated the average stay was 1-5 days. During both months the most common medical units that the patients attended for treatment during their stay were neurology, cardiology and renal. This suggested that users of the flats and their carers were dealing with a wide range of medical conditions and treatments, each with their concomitant emotional demands, for example a slow recovery from surgery, unexpected complications during hospitalisation or the need to become accustomed to new medications. Lastly, the majority of WSF residents were from rural Victoria, with a small minority from interstate.

3. Survey of residents' satisfaction with the WSF:

The fifty percent response rate to the survey (see Figure 1) provided overwhelmingly positive and complimentary feedback of the current service. The survey demonstrated that the service is largely used by escorts or carers, and family (76.9%), rather than patients. We learned that the flats are most commonly used for planned (84.6%) stays instead of emergency purposes. The length of stay varied with approximately 25% of the residents staying for a week, however, 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, to three weeks or more.

There were some indications that people form their own support groups whilst they stay at the flats, sharing their experiences with each other. For example, a resident thanked the Administrator for her allocated 'flat-mate' as they had stayed up until 1am sharing their stories and felt inspired by the hope evident in each other's situations. Interestingly, although the overall survey results did somewhat support this idea, the majority of the survey feedback reflected a lower focus on the need for the residents to feel supported by

³ Another model of accommodation in Victoria, Ronald McDonald House, operated by the Royal Children's Hospital meets the needs of families with children undergoing medical treatment. This model will not be discussed due to the specialised nature of the patient group (ie: children, aged eighteen years and below).

other residents going through similar situations. Social support from other residents was only preferred at 15.4% compared to the highest areas of satisfaction and appeal identified as the flats' location at 92.3% and cost 76.9%.

There was minimal negative feedback collected from the survey and the reasoning behind such comments was usually focused on practical issues regarding the flats and highlighted maintenance needs;

Maybe need more regular checks for small maintenance issues? (light globes, blinds etc);

A small sign may be nice to make it easier to find. But overall it satisfies all of my needs;

Nothing really, but if I have to pinpoint something it would be the small car parks;

Basic essentials in the flat would be nice, such as toilet paper and washing up things. We are happy to provide our own for long term stays but would be difficult for some who have no knowledge of the need to provide their own;

Difficult to know. I see you are trying to present them cleanly and as comfortable as possible. It may be up to the occupants to respect the environment and look after things well.

Residents did not always appreciate the need to share the flat with another family and indicated this through negative comments and recommendations for change, such as;

Perhaps having to share the flat with other families/patients who come and go at all hours of day and night (is not desirable).

The minority of residents who offered comments suggesting improvements highlighted some key areas that should be addressed such as abuse of parking by non-residents or damage to flats by some residents. There was also a suggestion for the flats to be made more accessible for wheelchair residents. Overall, the residents appeared very satisfied with their stay. The majority advised that they did not think any changes were required and they were happy with the whole process. Residents recorded comments such as 'no changes', 'excellent', 'satisfactory', 'very accommodating' and 'very helpful'.

In the survey responses, residents highlighted their gratitude for the support provided by the social work department under a question requesting their opinion regarding their interaction with the social work department. The surveys were full of positive and complimentary feedback of the support received;

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

Social work staff were more than helpful with meeting the needs of we country people with regards to the units and making sure we are comfortable;

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 (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 you and all your 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 their wonderful convenience they must be for so many.

There was an overall sense of gratitude and an appreciation for the flats and the service and support they offer;

I am so grateful I have access to the Wright St Flats- A much appreciated facility. Thank you to all concerned.

4. Completion and analysis of a journal provided by the Wright St Flats Administrator during a typical one month period:

The journal provided an understanding, from the point of view of the Administrator, of the typical issues that residents face over a period of one month. There were two key themes identified from the analysis of her blog.

The first theme referred to the importance of the Administrator's role. It became clear that this role was crucial in creating a relationship with the resident. The Administrator's ability to maintain and build this relationship appeared pivotal in affecting residents' satisfaction with their experience. For example, the Administrator noted that she had received, from several residents "Expressions of gratitude expressed by all for having the flats to call home". The Administrator provided residents with emotional support, information and advocacy, and was focused on meeting the numerous needs of residents, for example:

Attempt to explain to a 92 year old gentleman the paperwork involved with VPTAS. He seemed confused so I did it for him.

This finding from the blog was also supported through the results gathered from the satisfaction survey where residents highlighted and emphasised the importance of the Administrator's role. This role was noted as crucial and central to the success of the WSF as a resource.

The second theme gathered from the blog analysis relates to a component within the Administrator's role, which is the emphasis and value placed on the management of residents' emotions and exploring the placement of residents in the flats, to find a match that suited both parties:

'...flat 5 resident stopped in SWD (social work department) to thank me for the company she was given last night. (She was) a failed renal transplant patient (accompanied) by her mother. They had talked until 1am, shared their stories and she felt inspired by this young woman and her ongoing medical situation...

'...a resident dropped in to report her friendship with patient in flat 4. They are keeping each other company, having meals together and leaning heavily on each other for support...

The blog emphasised the regular contact the residents chose to have with the Administrator. They visited the Administrator regularly, sometimes daily, and occasionally continued their contact post discharge. Further, it is noteworthy that the actual location of the Administration within the social work department allows and facilitates this regular interaction, as it is on the walking journey towards the wards.

The information gathered through the journal 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. The perceived 'casual' conversations held often served a greater purpose of support when discussing critical issues concerning someone's health. The Administrator also appeared to help contain the emotions of residents, not only regarding their loved one's state of health, but residents also shared the real life impacts of illness beyond hospitalisation, such as work/job security loss and effects on children:

'...flat 4 transplant patient stops by to tell me he's heard from his employer telling him he no longer has a job, after 28 years. He gets his health back on track but loses the security of employment-that's tough...

The holistic needs of the patients, particularly rural patients and their families and the impact of hospitalisation are often highlighted during these conversations.

Discussion

It is clear from our findings that a supported model of accommodation is valuable and important for providing support to rural families during hospitalisation in the city. This support could be attributed to the actual option of accommodation itself, the proximity to the hospital and the emotional support role played by the social work department. At this point, it is unclear to what extent each of these factors are perceived as more valuable or influential for rural patients' and their families' overall experience. It would be beneficial to clarify and explore what elements of support are most significant for rural service users.

The study established and explored the current use of the accommodation facility known as Wright Street Flats (WSF), which are based adjacent to Monash Medical Centre, Clayton (MMC). Despite their lengthy period of existence, there was minimal information about and no evaluation available regarding whether or not the WSFs achieve their purpose, and meet the needs of rural patients and those accompanying them.

The literature review highlighted some challenges and difficulties the rural community face, which range from economic decline, increase in mental health issues, negative outcomes of isolation and stress, and the lack of access to and availability of healthcare services. These key areas reveal the nature of the pressures for this community 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 for both patients and carers. At such a time, there are numerous factors these patients and families need to consider, such as transport, cost, accommodation and social support.

Our findings suggest that the Wright Street Flats are important in meeting the emotional wellbeing needs of patients and families who live rurally and need to travel to the city for medical treatment.

The provision of the WSF demonstrates its ability to not only meet the basic practical need of accommodation, but also to serve an additional purpose by providing emotional support which residents appear to value during times of distress and crisis. We found that residents appreciated factors such as low cost of using the WSF and parking availability when travelling to an urban location for medical treatment, but they also placed great significance on and expressed gratitude for the support role we discovered that the flats unexpectedly played. This supportive role was largely attributed to the Administrator who provided a model of supported accommodation where not only are residents' accommodation needs met, but their emotional needs are also "accommodated".

Through information gathered from the administrator and further survey feedback, the residents often note that they are experiencing stress and isolation, and are appreciative of the support they can receive through the Administrator and social work department. In comparison to other metropolitan hospitals, only MMC and one other hospital provide a supported model of accommodation and the benefits of this model (from the point of view of service users in our evaluation) are clearly evident. While data from the Administrator's files helps in building a picture of who is making use of this service, it was not possible to measure the impact of social support on their health outcomes. However, in bringing together the data from the medical files, surveys and blog analysis a picture emerges of the challenges rural residents and their carers face, and the importance of receiving time from support staff during their stay.

The demographic information provided a snapshot of the typical residents who use the flats. There were some commonalities; the age of users was often forty-five and above, the users were mainly from rural Victoria and the average length of stay was one to five days. However, this brief snapshot also indicated the residents' differing needs and the different ways they valued their time in the flats. As we noted in relation to the varying medical conditions and treatments patients and carers were dealing with during their stay at the flats, there was no clear, standard situation where the flats were required, indicating that the WSF needs to be a flexible service, able to accommodate patients' frequently changing needs and priorities.

Residents responding to our survey also made suggestions regarding how the WSF could be improved. Importantly, it was suggested that wheelchair access be considered. In light of the age of those (both patients and carers) using the flats and the range of medical conditions for which patients were being treated during their stay, this requires consideration.

Conclusions

We have learned much about the purpose and importance of the WSF model of supported accommodation through this quality assurance project. The literature review and data collected highlighted the relationship between rural living and health, the relevance of accessing accommodation and how the flats meet the basic needs of accommodation and social support for rural patients and their families. The discussion highlighted the need for this accommodation facility, as voiced by its users, and demonstrated their satisfaction with it and with the supportive role played by the social work department. However, we also recognized that this is the first evaluation undertaken since the flats were established. In order to ensure that such a valued and important facility continues to provide a relevant and appropriate service, more frequent evaluations, perhaps on an annual basis, are required.

In addition, although there has been positive and supportive information gathered in this project for the ongoing existence of the model of supported flats, we discovered that minimal policy and

procedures have been formulated in the social work department specifically for the WSF facility. Issues of accountability and responsibility in relation to the flats' coordination and organisation, suggests that social work must continue to provide evidence of the value of the WSF and if possible, evidence based outcomes to support their use and advantage over other accommodation models. The implications for the service could be further development of policy and procedure to support its value and purpose.

From our evaluation of the Wright St Flats several further research questions have emerged which seem important to explore by valuing the voices of service users in an environment where government funds for medical services are increasingly tight. In particular, we would like to better understand the relationship between the provision of a supported accommodation model and the patients' emotional wellbeing. Further research could also address different models of health facility-provided accommodation in relation to their advantages and disadvantages for patient health and wellbeing outcomes. Finally, another potential area of research could explore remote patients' experiences and challenges in accessing regional hospitals.

Overall, the findings demonstrate the importance of the Wright St Flats to rural patients and their families, and reinforce the significant impact, purpose and role they fulfil.

Appendices

Figure 1

Survey for residents of Wright Street flats – May-June 2013

1. Are you:
 - A patient
 - An escort

2. Was your residency at the flats;
 - Emergency
 - Planned

Comment:

3. How long will you be staying here?

4. What do you like most about Wright Street flats accommodation?

- Location
- Cost
- Interaction with social work staff
- Opportunity to interact with people in similar circumstances

Comment:

5. What do you like least about Wright Street flats?

6. What changes (if any) would you recommend?

- To the accommodation?
- To the process of seeking, entering and leaving the accommodation?

7. Any other comments?

8. Would you be interested in receiving a summary of the findings from this evaluation?

Yes/No

- If you would like a copy, please provide your postal address:

When you have completed the survey, please leave it in the designated box provided in **social work reception**.

If you forget to place your survey in the box, please send your completed survey addressed to:

Laura Green: Social Work Department
Monash Medical Centre
246 Clayton Road
Clayton 3128

Thank you very much!

Laura Green

Chief Investigator

Table 1

Hospital	Type	Location	Cost	SW Involvement	Supported	Unsupported
A	8 Flats, 2 families p/flat	Across the road	\$45 p/night = \$10	x	x	
B	3 apartments	5km by car	\$35 = \$0			x
C	8 two bedroom flats	1km by car	\$30 for first night, then VPTAS	x	x	
D	Double story house-sleeps 6	0.5km by car	\$30 p/night but eligible for bulk billing	x		x
E	Self-contained apartments-20 rooms	Next door	\$50 single, \$85 two people	x		x
F	6 two bedroom flats, one family per flat	Across the road	\$35 p/night p/person = \$0	x		x
G	Commercial accomm.			x		x

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