

5 in 5 Abstracts

Describing the Quality of Life of Rural Hospital Admission Risk Program Clients

Meredith Glennen, Katherine Stewart, Paul Wembridge, *South West Healthcare*

Background: The Hospital Admission Risk Program (HARP) aims to decrease hospital demand through provision of comprehensive assessment, self-management education, care coordination and timely responsive specialist care in the ambulatory or community setting for people with complex needs.

There is limited data on the Quality of Life (QoL) of HARP clients in the rural Australian context.

Aim: To describe the QoL of HARP clients of a rural Australian health service which routinely collects QoL data using the PROMIS Global Health Questionnaire (v1.2).

Method: All adult clients (commencement date: 01/01/2024-30/04/2025) who returned a QoL questionnaire on HARP commencement were retrospectively identified using electronic records. For each client, the PROMIS global physical health and mental health QoL composite measures (raw and T-score) were calculated using the Global Health Scoring Manual. If duplicate QoL questionnaires were identified (for example, from two separate HARP encounters), only the first was included.

Results: A total of 93 pre-HARP QoL questionnaires were recorded during the study period (response rate: 23% from 412 encounters). Two questionnaires were excluded (multiple encounters) leaving a final study size of 91. Clients were generally elderly (aged > 65 years: 68%) and lived in rural postcodes (100%). Fifty-three percent of clients were female. Clients were most commonly enrolled in HARP for management of heart failure or chronic obstructive pulmonary disease (32% and 20% of encounters respectively).

The majority described their overall health as poor (35 clients, 38%) or very poor (15 clients, 16%). Compared to the reference population, clients reported poorer physical and mental health (mean T score: 38 and 44 respectively). There was no correlation observed between age and overall, physical or mental health QoL (all $R^2 < 0.08$) and differences in these measures between sexes and disease states were not statistically significant (two-tailed t-tests, all $p > 0.05$).

Discussion: This study described the self-reported QoL of HARP clients in a rural Australian context and confirmed it is poorer than the QoL in the general population. Given these clients live with chronic progressive diseases, QoL is expected to decline over time. Further research into HARP-based interventions to minimise this decline in QoL should be undertaken.