Background of current Residential In-Reach service at Ballarat Health Services (BHS) and the proposed NP model developed to address service gaps in the timely response to illness within the Residential Aged Care Facilities within Ballarat.
Background

The Residential In-reach service was first piloted across ten networks in 2008/2009 in response to projected increases in the demand for acute services over the winter months, particularly those in Residential Aged Care Facilities (RACF).

It was suggested that the RIR model would enable health services to better manage older person’s health care needs by providing a high level of care at the person’s residence and within a timeframe that would encourage earlier intervention thus reducing the need for transfers to emergency departments.

The model at BHS was established in 2011 and operates across both public and private aged care facilities within the Ballarat district. The majority of referrals come from BHS RACF with 424 beds, with the hope that this will extend further into private aged care facilities as better understanding of the In-reach programme is gained through extensive stakeholder consultation.

Throughout the implementation of the service, data has been collected which demonstrates the role's effectiveness in addressing the health care needs related to ageing, including the management of acute conditions, chronic disease and palliative care measures including timely and responsive advance care planning and end of life care.

Whilst this service provides an alternative to the emergency department, by providing comprehensive quality care in a timely manner, it relies upon the availability of the GP or other medical officer to provide timely assessment and treatment including ordering of pathology, imaging and medicines.

Current RIR model
Whilst the RIR nurse is able to communicate the residents presenting problem and the findings of their assessment, treatment is impeded by delays in being able to communicate findings to the GP and/or the GP’s availability to establish a plan of care, which may lead to transfer via ambulance to the emergency department or a delay in treatment leading to further functional decline, both of which create considerable financial burden upon the health service as well as unnecessary discomfort for the resident and their family members.

It was therefore suggested that a collaborative Nurse Practitioner model be developed within the RIR programme, working closely with the residents GP and other health care colleagues, to enhance the timeliness and efficacy of the service which may lead to reducing admissions to the acute care setting and overall improve resident health outcomes.

Residential In-reach Nurse Practitioner (RIR NP) Model

The Residential In-Reach NP (RIR NP) would work collegially with the residents GP and BHS multidisciplinary team in managing a caseload across the continuum of care between the acute setting and the client’s Residential Aged Care Facility (RACF). The scope of Practice includes responding to common Geriatric Syndromes which are indicative of acute illnesses common in the ageing adult population, and require collaboration with the BHS medical team, GP’s, Gerontologists and the Palliative Care Team as well as other members of the health care team such as allied health and nursing personnel.
The RIR NP scope would include acceptance of referrals from other health care providers (eg: GPs); comprehensive patient assessment; ordering of basic pathology and diagnostic investigations; prescribing from the recognised formulary; development of a care plan for initial management and ‘triaging’ of patients to appropriate resources including admission to acute services and referrals to other health care providers in liaison with the GP and treating medical team. This collaborative model also includes elements of education, collaborative strategic planning, quality improvement processes and clinical consultation.

The RIR NP model involves working both as an independent practitioner with the support of GP’s, Medical Consultants and Gerontologists and written policies and formulae, and inter-dependently with all members of the aged care multidisciplinary team. This would enable significant improvement to services provided to the person aged over 65 (over 45 for ATSI) including enhanced/ better access to the health system through direct assessment at the RACF, referral on to other health services including entry to the acute system and provision of follow-up care, together with education and advice. In addition to the benefits to the resident, the system would benefit from the improvement in resource utilisation.

The RIR NP would also be considered a clinical leader and able to engage in educational support of staff so that consistency of practice is maintained, with emphasis being placed upon evidence based practice across all health care settings.

**Scope of Practice**

The BHS RIR NP works within the extended BHS healthcare team using an expanded scope of practice focussing upon assessment of Geriatric Syndromes and the timely management of acute illness and/ or acute exacerbation of chronic disease that may lead to the following:

**Geriatric Syndromes include changes in the Residents**
- Cognition level
- Continence status
- Mobility and Balance with possible fall implications
- Pain management issues
- Communication (speech, hearing, vision) impairments
- Pharmacology regime
- Skin care integrity/ Wound complications
- Mood/ Behaviour / Sleep disorders
- Nutritional status

The implications in the presence of one or more of the Geriatric Syndromes, impacts on the Resident and their families, affecting lifestyle and activities of daily living. Unchecked, the contribution to diminishing independence and increasing reliance on crisis incident health care interventions leads to a greater level of hospitalisation, increasing functional decline and the potential for early entry to high level residential aged care facilities.

The medical conditions often associated with Geriatric syndromes may include:
- Chronic Obstructive Pulmonary Disease
- Congested Cardiac Failure
- Diabetes
- Chronic Renal Failure
- Dementia
- Chronic pain
- Infections (e.g.; Urinary, soft tissue, respiratory, gastrointestinal, bone)

More specifically the RIR NP scope of practice includes advanced clinical skills in geriatric assessment and management including:

- Advanced clinical assessment of Geriatric syndromes that occur, either singly or in combination, and may require investigation and/or treatment
- Developing Acute Management Plans, including pharmacological and non-pharmacological strategies, which may require titration/adjustment/monitoring based upon results of clinical assessment performed by the RIR NP in collaboration with the GP and health care team
- Management of Palliative and End-Of-Life Care in conjunction with Palliative Care team and GP.
- Monitoring and review of additional prescribed therapies initiated by another provider, which require monitoring for efficacy, adverse effects and/or drug interactions
- Referral for admission and facilitating discharge to inpatient units (Gandarra, Ballarat Base Hospital)
- Refer to specialist teams, including medical/surgical/mental health in consultation with the treating GP and medical team.

Pursuant to section 14A(1) of the Drugs, Poisons and Controlled Substances Act 1981 (DPCS), the RIR NP scope of practice will include prescribing of medicines with the category/categories defined during the models implementation phase. Considering that the scope of practice of the RIR NP will include care of the older person across the continuum of care and across a variety of settings (RACF, acute, rehabilitation) the formulary supported by Ballarat Health Services Drug and Therapeutics Committee will include the Care of the Older Person, Acute and Supportive Care [http://www.health.vic.gov.au/dpcs/prescriber/nurse.htm](http://www.health.vic.gov.au/dpcs/prescriber/nurse.htm).

The RIR NP will have the ability to initiate diagnostic investigations (Appendix A) and the admission and discharge of patients to Rehabilitation Unit, Transitional Care and Residential Aged Care, with agreements developed to support these areas of extended scope with diagnostic services.

**Client / Patient Population**

The inclusion criteria from the age of 65 years (45 years for ATSI) are:

- Any patient who presents from RACF to the emergency department with geriatric syndromes.
- A client assessed as at risk of hospital admission with multiple geriatric syndromes and complex co morbidities as determined through emergency department (ED), general practitioner (GP), community health, residential aged care assessment.
- An acute inpatient, whose peripheral care needs fall outside the scope of the primary clinician.
This referral can occur at any time during the episode of care as determined by the treating medical team.

**Project Collaborative**

The RIR NP role development activities are being undertaken by the project worker, and members of the RIR team in direct consultation with the RIR NP Working Party. Terms of Reference for the RIR NP Working Party have been developed and accepted by the Committee. BHS is undertaking a review of the NP framework which is currently being assessed and responded to by the NP Steering Group to ensure local sustainability of the model. BHS has also undertaken to provide several forum opportunities to discuss NP roles within BHS.

Key community stakeholders identified as part of the project include but are not limited to:

- Local GPs providing medical care to Residents in Residential Aged Care Facilities
- Grampians Medicare Local

The reporting lines for this project are represented below
Appendix A

Diagnostics/Pathology

Blood
- FBE
- ESR
- U&E
- LFT
- Cardiac Enzymes
- TFT
- CRP
- Iron Studies
- VIT B12/Folate
- Fasting lipids
- Pancreatic studies
- Fasting blood sugar
- GTT
- Hb1AC
- Blood cultures
- Osmolality
- Se Drug levels
- Coagulation studies
- ABG’s
- Intrinsic Factor AB

Urine
- MSU/CSU – MC/S
- ACR

Sputum
- MC/S

Faeces
- Faecal occult blood
- MC/S

X-Ray
- CXR
- AXR
- Misc. bones
- Bone density
- CTB
- Abdominal US
- Arterial Doppler
- Venous Doppler