

Emergency Department Interface with Residential Aged Care Facilities



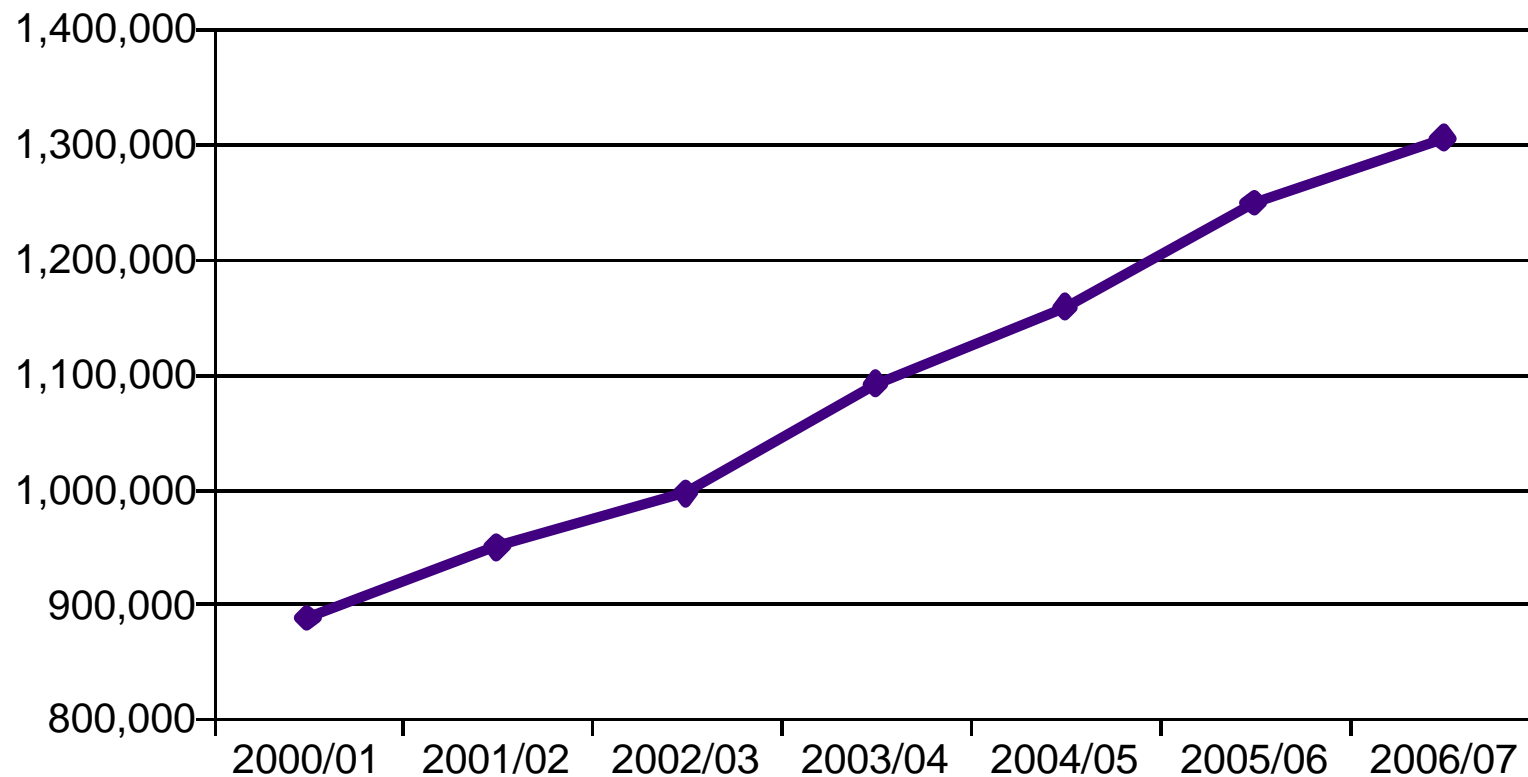
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Background

- EDs are facing increased demand
 - Population changes
 - Changing consumer expectations
 - Primary care
 - Changes to the scope of services in Eds

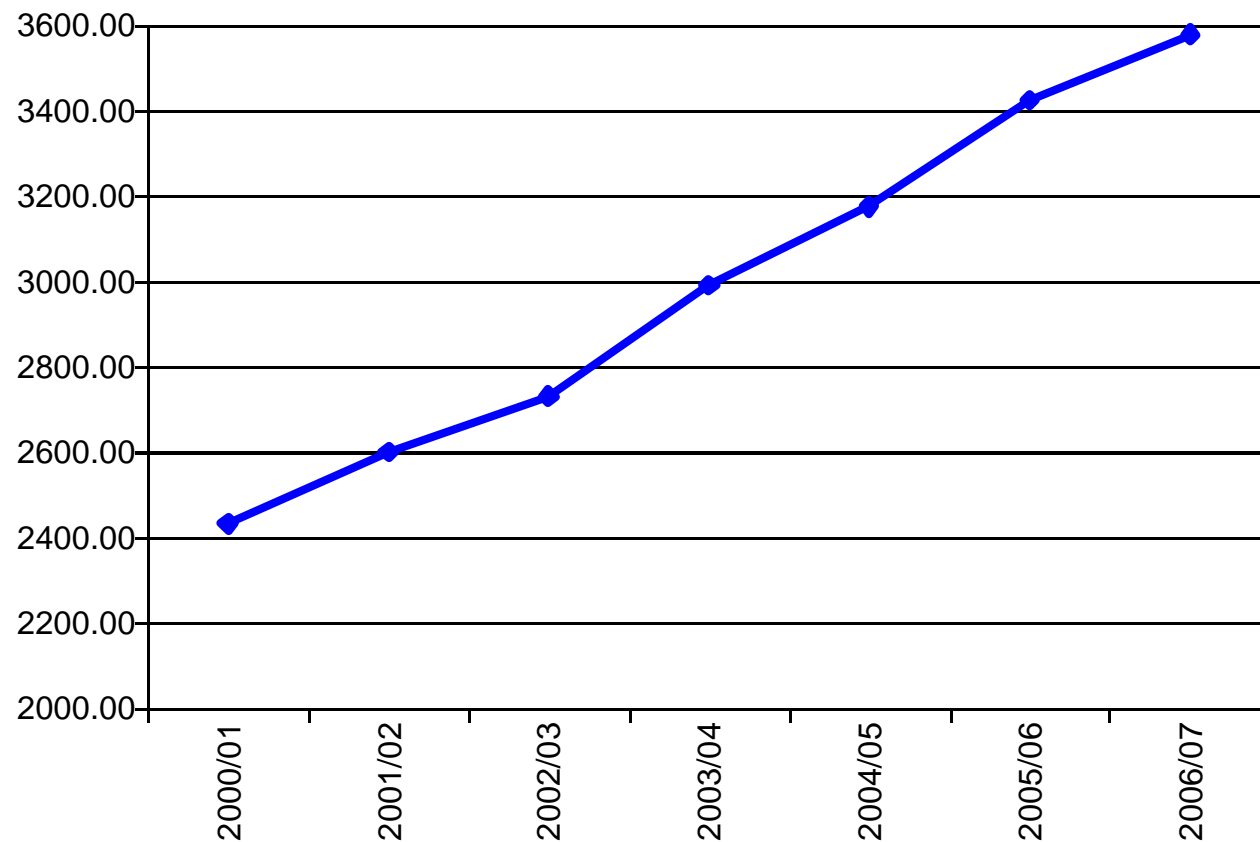
ED Demand

- Increased ED demand in Victorian public hospitals

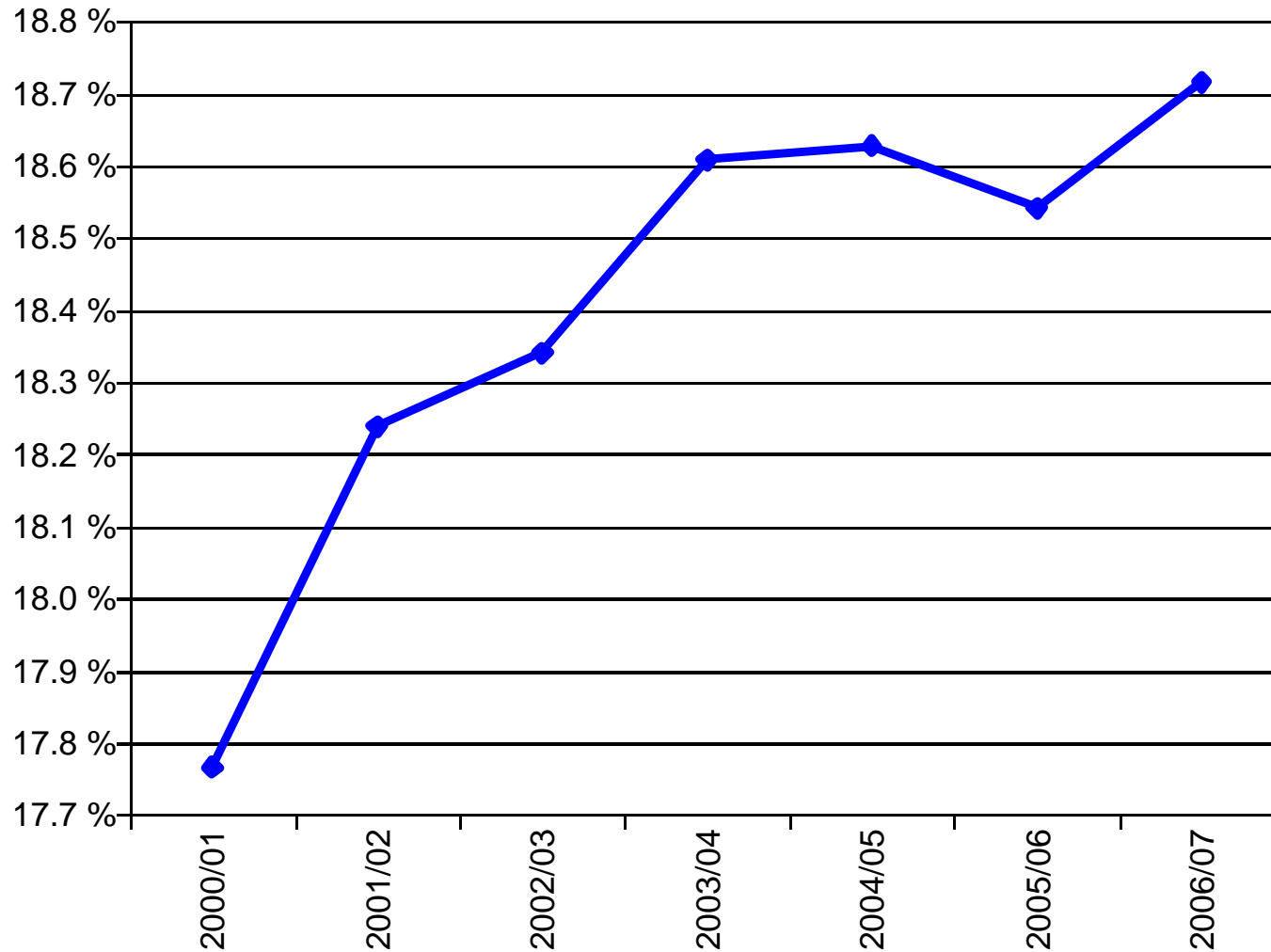


Frequency of attendance

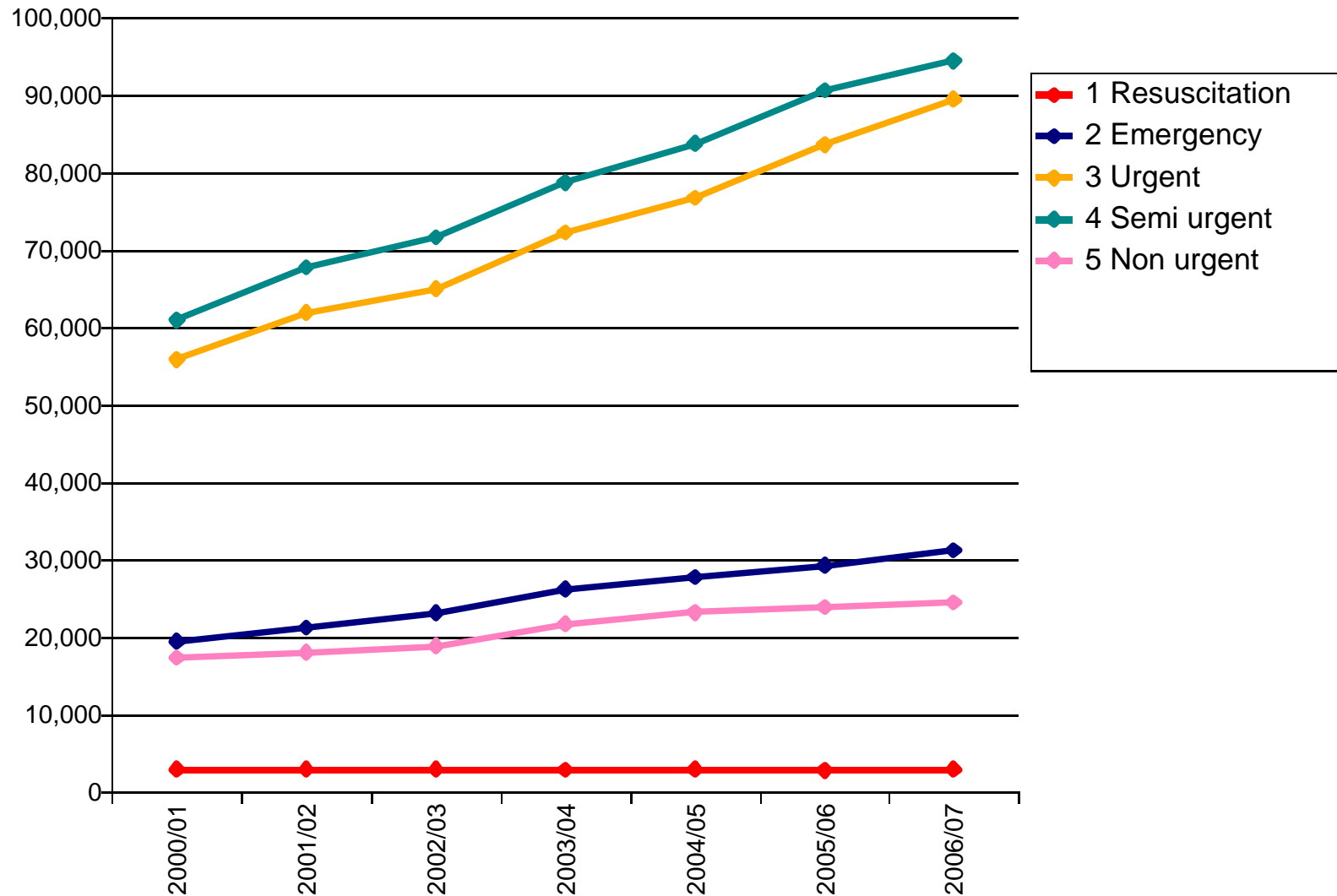
- Increasing statewide average daily presentations



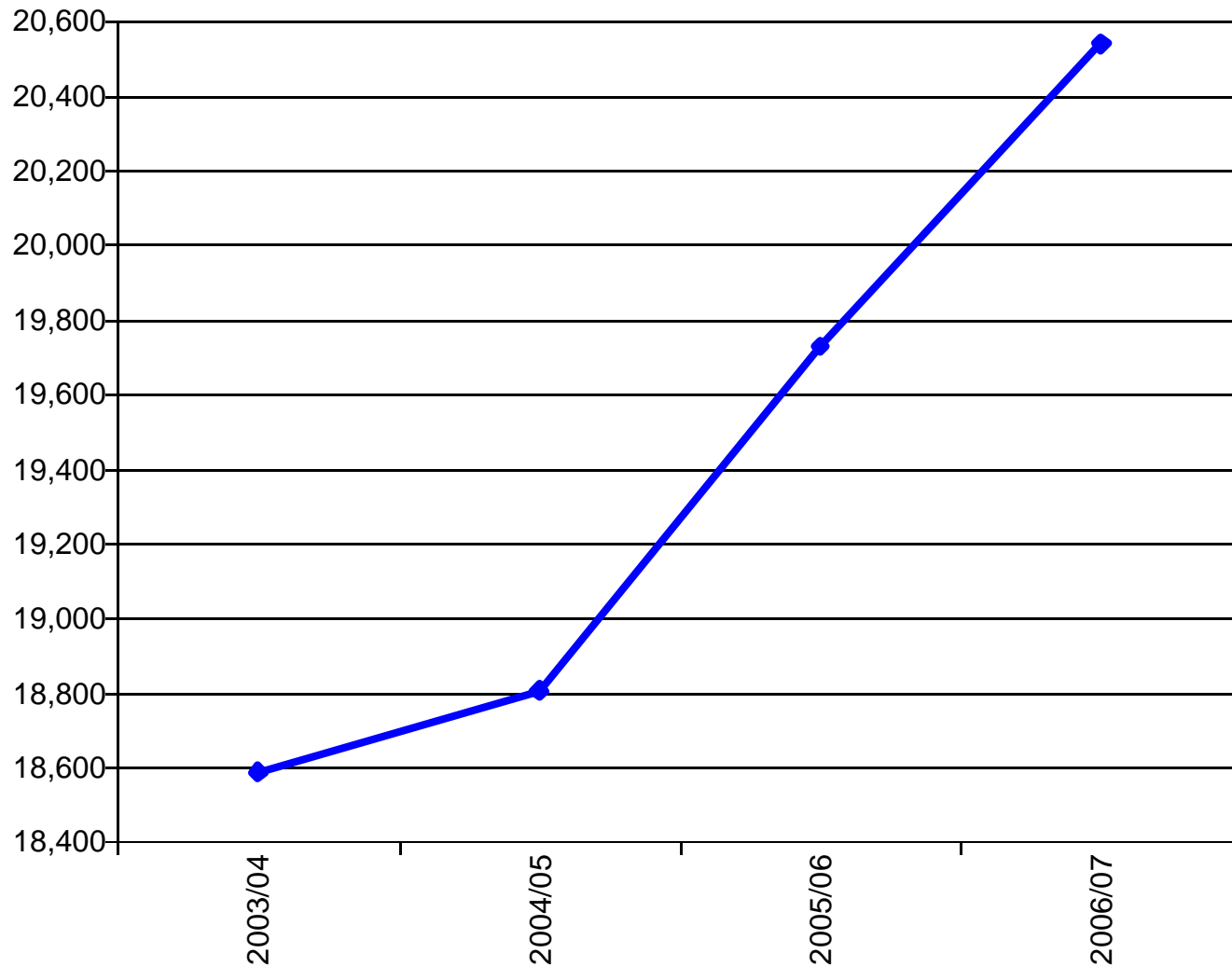
Statewide older person presentations to the ED (>65 yrs)



Triage categories (>65 yrs)

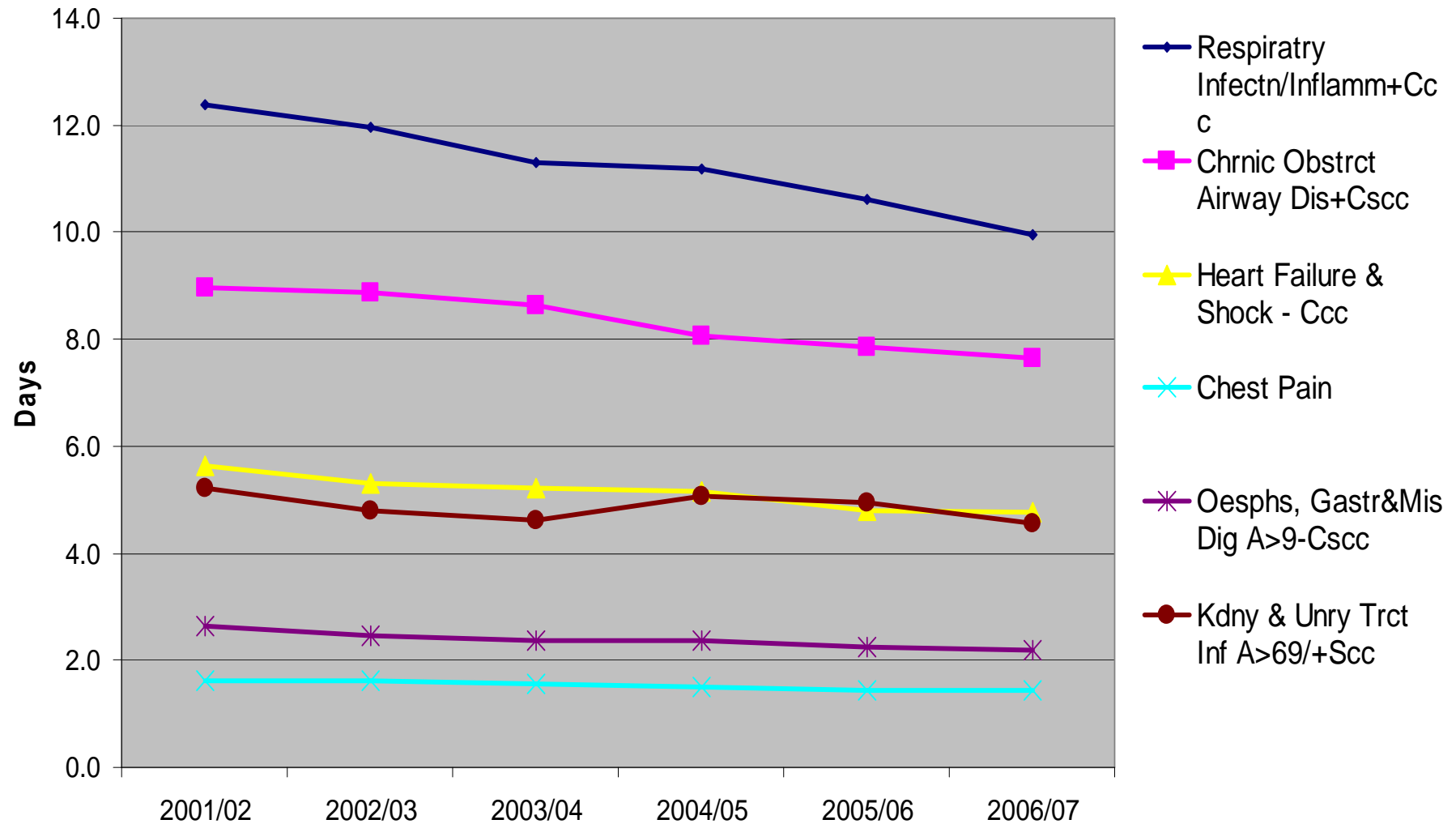


Statewide ED presentations arriving from RACF



Average LOS – top 6 DRGs

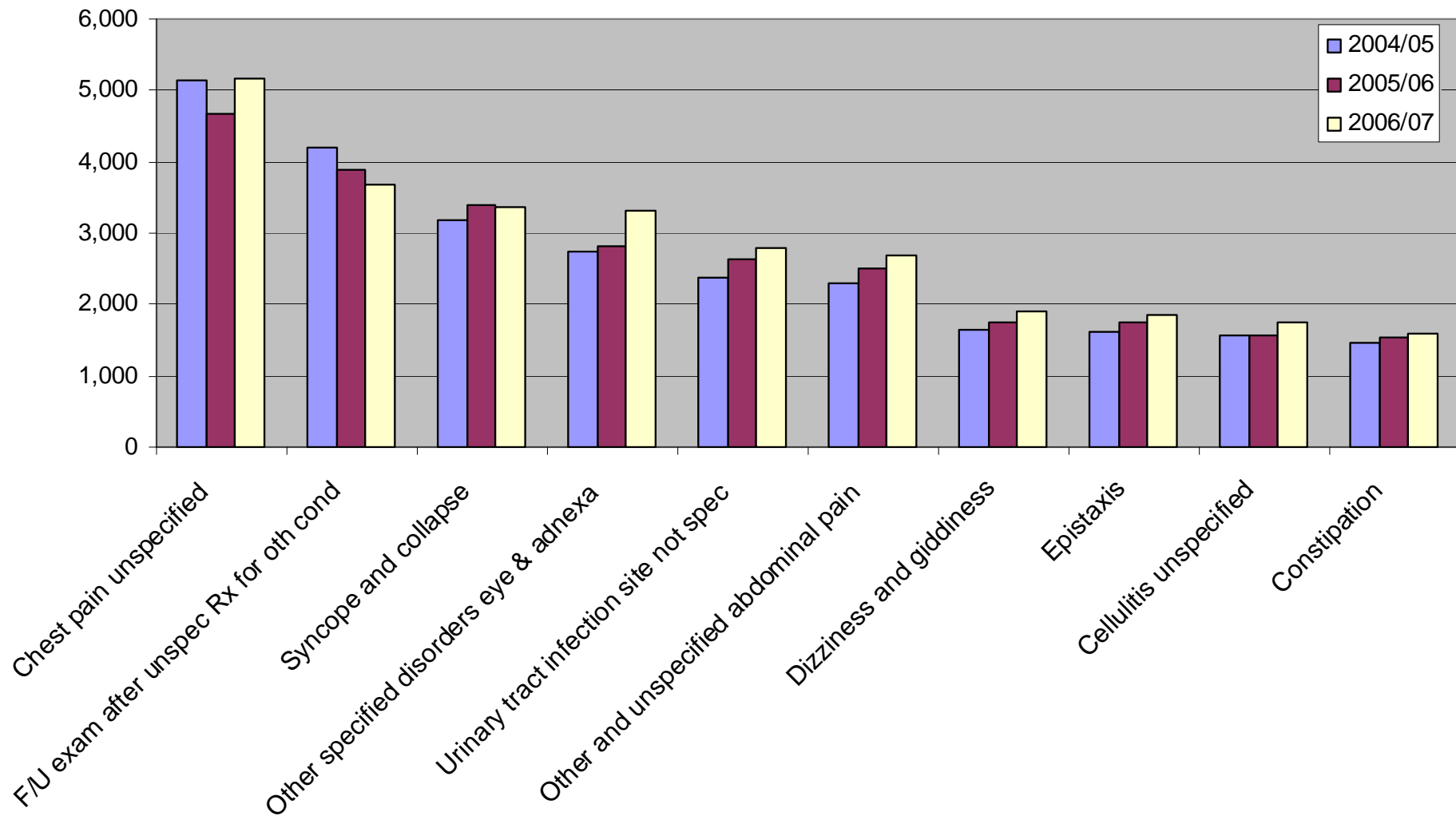
>65 yrs admitted acute care patients



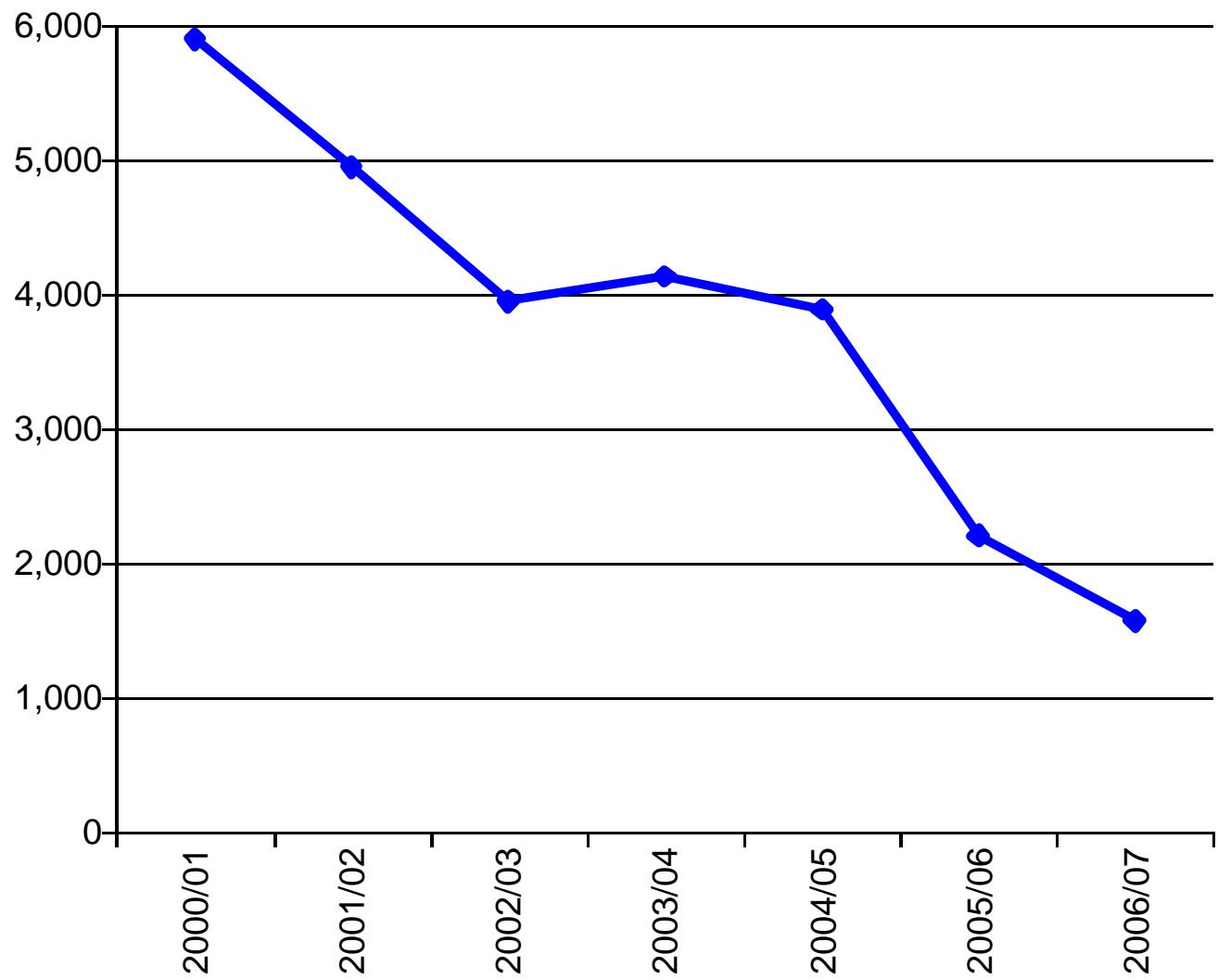
Top 10 primary diagnoses - Age >65

Discharge destination to RACF

Statewide 2004/05 to 2006/07



Statewide older people (>65 yrs) LOS >24hrs in ED



Functional decline in the ED

- Contenance
- Nutrition
- Cognition
- Emotional health
- Skin integrity
- mobility

Emergency Access Reference Committee

Aged Care Sub Committee

- Provides advice on priority issues relating to the aged care interface with EDs

Initiatives to improve ED responsiveness to older people

- Promoting a positive patient experience for older people in the ED
 - patient journey research
 - environmental audit tool
- COAG LSOP initiative
- Sub acute and residential aged care access indicators
- Models of care – MAPUs

Winter Demand Management Strategy 2008

Support health services during winter period

- Clinical Assessment & Treatment In-reach service to RACF
- Sub acute step down beds
- Extra ICU Nurse Liaison hours
- Winter plans- communication between EDs and RACF

Clinical assessment & treatment in-reach service to RACF

Aims

- Provide an alternative to the emergency department for relatively simple clinical procedures
- Improve clinical support for staff in aged care facilities, especially after hours
- Improve communication between aged care facilities and hospitals
- Improve planning for adverse clinical events

Clinical assessment & treatment in-reach service to RACF

- Conduct pilot at 10 health services between 1 July and 31 October 2008
- Clinical support available 24 hours a day, seven days a week
- Collaboration with residential aged care facilities and general practice
- Workshop on 24 June 2008 with pilots due to commence on 1st July 2008

Service Models

Must use an existing service:

- Most have gone with ED or HITH model with physician back up from these services
- Most have a coordinator/CNS with dedicated phone line with ED back up for after hours
- Referrals received via one access point and either: advice given, nurse/physician visit, patient advised to present to emergency

Questions ?

