
Improving Emergency Care for Residential Aged Care Facility Patients Through Collaboration and Connectivity

Initiative Type

Model of Care

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Deliver

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Summary

Emergency and Community Connect (ECC) is an integrative and patient focused project that consists of three main components: Emergency Senior Early Assessment Team (ED SEAT), Ageing in Place

(AIP) and Health Information Sharing and Access (HISA). Through the ECC project, the Mackay Hospital and Health Service (MHHS), the North Queensland Primary Health Network (NQPHN), General Practitioners (GPs), Residential Aged Care Facilities (RACFs), Pharmacies and the Queensland Ambulance Service (QAS) work together to improve care and outcomes for Emergency Department (ED) patients and RACF residents.

Key dates

Jan 2016

Jun 2019

Implementation sites

Mackay Base Hospital

Partnerships

Mackay Hospital and Health Service (MHHS), the North Queensland Primary Health Network (NQPHN), General Practitioners (GPs), Residential Aged Care Facilities (RACFs), Pharmacies and the Queensland Ambulance Service (QAS)

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Aim

Improved patient care satisfaction as patients acquire the care they need in a timely manner to receive the right care at the right time in the right place.

Benefits

- Reduced need for hospital admissions.
- Reduction in the average emergency length of stay (ELOS) of 6.5hrs.
- Reduced stress as resident will remain in a familiar environment to receive medical treatment.
- Education for resident and family for advanced care planning and planning for medical care decisions.

Background

Barriers existed between community and acute sectors. This highlighted an opportunity to develop a new model of care for RACF patients to receive the right care at the right time in the right place.

Solutions Implemented

The ED Senior Early Assessment Team focuses primarily on category 3 patients and select category 4 patients. The team consists of a Senior Medical Officer (SMO), a Junior House Officer (JHO), a Clinical Nurse (CN) (SEAT Coordinator) and an Administrative Support Officer, who are responsible for reviewing, initiating treatment and streaming of patients presenting to the ED. An existing telehealth model is used by the Mackay Base Hospital (MBH) Emergency Department (ED) called Telehealth Emergency Management Support Unit (TEMSU). This model is being replicated with participating selected RACF's to improve and support timely decision making regarding appropriate care for RACF residents. This model is a telehealth between the RACF and the resident's GP if available, where the GP can see the resident and conduct a preliminary assessment with assistance from the RACF Registered Nurse (RN). If required, the consult can be escalated to a telehealth consultation with the MBH ED SEAT Senior Medical Officer (SMO), including the GP and RACF RN where appropriate. To support the RACF RN in providing accurate and timely assessment information to the GP / SEAT SMO, the introduction of assessment documents and guidelines have

been introduced, and are sent electronically to the ED SEAT AO/Telehealth Coordinator prior to consult. . The ED SEAT is the designated team for RACF telehealth consultations. In instances where the GP deems it necessary to see the patient face to face or an ED transfer is essential, QAS will transfer the resident to the GP / ED for management and back to the RACF. Detailed mapping of processes to support this telehealth model of care have been implemented into the RACF's and ED SEAT, and relevant GP's who have agreed to be involved in the telehealth service.

Evaluation and Results

Results show consistent improvement for Category 3 patients with 'Seen in Time' having improved 7 per cent from an average 55 per cent for the year prior to SEAT to 62 per cent since. Category 3 ELOS also showed improvement with a 4 per cent increase from 65 per cent in the year prior to 69 per cent over the last six months. The streaming of Category 3 patients away from the main department of ED has also had a positive impact on the ELOS and 'Seen in Time' of Category 2 patients, with 'Seen in Time' having improved 3 per cent from an average 81 per cent for the year prior to SEAT to 84 per cent since. Effectiveness in telehealth and phone consultations are resulting in between 60-90 per cent of calls are able to be treated in place – those that are asked to present 100 per cent were admitted to hospital for treatment. Progression from phone consult to telehealth is dependent on the SMO confidence to treat in place, not on patient condition assessment. QAS moving into education and training for option of treat not transfer and reinforcing the availability of virtual consultation. Request made from ED to extend virtual consultations to all of our RACF's, not just 3 in scope as a result of outcomes.

Lessons Learnt

Preliminary results show consistent improvement. Staff satisfaction has improved and the SEAT model has been held up as an exemplar teamwork model to be replicated throughout out the main Emergency Department. Relationship building with RACFs and understanding has been the most. Ageing in Place is improving the quality of life for patients who can receive appropriately managed healthcare within their primary health care setting. Many of these patients are often assessed in the hospital and sent back their place of residence after hours of waiting in the ED and in other parts of the hospital. This is often a stressful experience for elderly patients, who are often very frail, and/or have a high risk of deterioration, and/or have dementia. In non-emergency cases, better care can be provided to RACF residents in their place of residence, avoiding the stress of being transported to an ED and having to wait in an unfamiliar environment.