# **Residential Aged Care Facility Support Service**

Initiative Type
Redesign
Status
Sustained
Added
09 August 2019
Last undated
Last updated
24 February 2025
URL
https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/residential-aged-care-facility-support-service
Summary

The Residential Aged Care Facility (RACF) acute care support service (RaSS) model provides care in partnership with general practitioners (GPs) and RACFs to increase patient choice of care setting and improves the quality and safety of care provided. If a patient becomes unwell, the GP or nursing staff at the RACF, can contact the RaSS for advice and support. The resident's acute care needs are

assessed, and the most appropriate care delivery service is matched to these needs. If necessary, the RaSS can arrange for a specialist nurse or doctor to visit the RACF to provide ED substitutive care. This means the patient can receive care in familiar surrounds under a framework of patient quality care and safety. If transfer to hospital is required, the RaSS can ensure that the receiving emergency department receives high-quality clinical handover prompting activation of appropriate services for the arriving patient. CARE-PACT was the foundation model that led to the development of the RaSS model of care that has been implemented in health services across the State.

Key dates

Jul 2018

Implementation sites

Sunshine Coast HHS, Cairns HHS, Central Queensland HHS, Darling Downs HHS, Mackay HHS, Townsville HHS, Metro North and Metro South HHS

**Partnerships** 

QAS, GPs, RACFs

## **Key Contacts**

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#### Aim

The service aims to support the best care for residents of aged care facilities, in the most appropriate location.

#### **Benefits**

- increases patient choices of care locations
- provides a single point of contact in the hospital for RACF staff and GPs caring for residents
  who have acute health care needs, where these exceed the capability of the GP and RACF to
  manage independently
- builds capacity and patient advocacy by supporting RACF staff in decision-making, clinical skills and collaboration across the healthcare continuum.

### **Background**

The population of Queensland is ageing and living longer with multiple co-morbidities, which has seen a growth in older person presentations to statewide emergency departments (EDs) and subsequent inpatient admissions. Barriers have existed between community and acute sectors, which has highlighted an opportunity to work together and develop a new patient focussed model of care for residents of aged care facilities to receive the right care at the right time in the right place.

### **Solutions Implemented**

Implementation toolkit for RACF support services (RaSS). Resident brochure Health Professional brochure GP brochure Residential Aged Care clinical pathways

### **Evaluation and Results**

CARE-PACT is the foundation model for RaSS that continues to operate in Metro South HHS. Using

the ROGS Performance Indicator Framework as a foundation, CARE-PACT has been evaluated on effectiveness; efficiency; equity; appropriateness and acceptability; and sustainability. The CARE-PACT project has proven to be successful in meeting its objectives of improving the quality of care for people living in RACFs, through a multimodal approach of telephone triage, mobile ED assessment, ED or hospital resource team, and a focus on building capacity of RACF staff and GPs. There has been consistent engagement of key stakeholders and high levels of satisfaction reported by stakeholders throughout the duration of the pilot phase. Overwhelmingly, it was evident that strong clinical leadership and a dedicated delivery team was a critical success factor for the results this project has been able to achieve. It is estimated that 1,522 ED presentations of RACF residents were avoided over the project duration, in addition to 2,329 hospital admissions.

#### References

Burkett, E., & Scott, I. (2015). CARE-PACT: a new paradigm of care for acutely unwell residents in aged care facilities. Australian Family Physician, 44(4), 204-209.

### **Further Reading**

Improving the quality, safety and care of older Queenslanders

#### Resources

Implementation toolkit for RACF support services (RaSS)

PDF saved 20/04/2025