

The patient journey

ED patient journey prior to the GEDI service



Janet, 82 lives in a RACF. AIN reports she is confused. Assessed by RACF RN who finds she is febrile.



RACF RN phones GP. GP advises transfer to hospital. RACF RN calls ambulance and family.



Janet is transferred to the ED by ambulance.



The ED is busy when Janet arrives. Janet must **wait** for triage and for a bed to become available.



ED primary RN conducts baseline observations and assessment. Janet must then **wait** to be seen by medical officer.



Janet **waits** and becomes more confused, she wants to go to the toilet and is hungry.



Janet is seen by the doctor. Further assessment and investigations are performed. Janet **awaits** a head CT.



A **few hours** go by as the ED staff now **await** a urine specimen and CT scan results. Janet becomes increasingly confused and unable to communicate her basic needs.



Janet is sedated due to her escalating behaviour.



Janet is reviewed by ED physician for her escalating behaviour, delirium and need for sedation. This results in hospital admission. Eventually her UTI is diagnosed and treated.

ED patient journey with the GEDI service



Betty, 82 lives in a RACF
AIN reports she is
confused.
Assessed by RACF RN
who finds she is febrile



RACF RN phones GP
GP advises transfer to
hospital.
RACF RN calls ambulance
and family
RACF RN calls ED GEDI team
provides information and
goals of transfer.



Betty is
transferred to
the ED by
ambulance



The ED is busy when
Betty arrives
GEDI nurses anticipate
arrival and liaise with
triage
Betty is met by GEDI
nurse on arrival and
facilitates appropriate
bed allocation



ED primary RN conducts
baseline observations and
assessment.
GEDI nurse conducts targeted
geriatric assessment and
delirium screen.
GEDI nurse liaises with RACF,
GP, Betty and family to
determine goals of care to
determine disposition.



GEDI nurse *organises/orders*
appropriate and *timely*
investigations and case
management by medical
officer
Coordinates acute and
chronic disease management
including end of life care
planning



GEDI nurse and medical team
review the case and
investigations. *Early diagnosis* of
delirium secondary to UTI with
ED environment contributing.
Early disposition decision
making
Betty and her family prefer to
return to RACF with support



GEDI nurse phones RACF to
ensure ongoing treatment plan
can be managed
Organises for follow up by GP
at RACF
Provides nursing discharge
summary (DS) to accompany
medical DS and ensures new
medications prescribed and
provided.



GEDI informs Betty's
family of discharge
Betty goes back
home to RACF
Hospital admission is
avoided