The PresCare Sub Acute Care pilot project: Appraisal of transfer data and nursing staff perspective

Presenter

Barbara O’Neill, RN, PhD candidate
Trudy Dwyer, RN, PhD
Kerry Reid-Searl, RN, PhD
Dee Jeffrey, RN
Sandra Thomson, RN
Lynne Parkinson, BSc (Hons), PhD
GOAL
Better manage clinical deterioration in residents and avoid unnecessary hospitalisation

1. Early identification and response
2. A skilled service
3. A suite of tools to guide decision making process
4. Clear reporting lines for escalation
5. Residents and family to feel confident about remaining in their home
PresCare Sub Acute Care Model

- Early identification and interpretation of clinical changes
- Initiating clinical assessment and procedures
- Communication and documentation
- Treatment
Program components
(reprinted with permission from The Presbyterian Church of QLD trading as PresCare)

**Decision support tools**
- Residential Acute Deterioration Detection Index (RADD) (traffic light system)
- (RADD) Observation Chart
- Advance Care Planning
- Clinical Management Guidelines (8 conditions)

**Clinical skills training**
- Mandatory face-to-face workshops (8 conditions)
- MASK-ED (KRS Simulation)
- Certificates of Clinical Competence
- Learning portfolio records
- Encourage use of continuous learning

**Specialist clinical support**
- Queensland Health Specialist In-Reach Team
- Clinical Lead Nurses
- Wound Specialist
- Clinical Champions
- Nurse Practitioner
- Geriatrician

**Medical equipment**
- Bladder scanner
- Electrocardiogram (ECG) machine
- Vital signs monitor, pulse oximeters
- Infusion pumps
Research Aims

**Measurable improvements in resident health outcomes**

**Administrative Data (2012-2014)**
- hospital admissions
- length of hospital stay
- historical hospital admission data (2012, 2013)

**Nursing staff learning and development outcomes**

Staff (N=75)
- 50 AINs, 10 ENs, 15 RNs

**Focus Groups**
- 4 pre-program (N=49)
- 3 post-program (N=21)
Results: Quarterly number of hospital admissions and average length of stay Jan. 2012-Jan. 2015
PresCare Data Post Study

- Reasons for hospital admission, 2013-2015

<table>
<thead>
<tr>
<th>2013 (n=60)</th>
<th>2015 (n=27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI</td>
<td>Haematemesis</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Acute Respiratory Distress</td>
</tr>
<tr>
<td>Falls</td>
<td>Fractures post fall</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>Intracranial Haemorrhage</td>
</tr>
<tr>
<td>Delirium</td>
<td>AF</td>
</tr>
<tr>
<td>End of life care</td>
<td>Heart failure</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Mesenteric thrombus</td>
</tr>
</tbody>
</table>

- Hospital admissions and average LOS, 2012-2015

Graph showing admissions and average LOS from 2012 to 2015.
Nursing staff learning and development outcomes

- Communication
- Up-skilling
- Balance
- Structure
- Collaboration

Pilot Subacute Care Program
Nursing Staff
Nursing Staff
PresCare Sub Acute Care Program: An aged-care driven hospital avoidance program

Conclusion

• Fewer transfers, shorter lengths of hospital stay, more subacute care
• Overall positive nursing staff perception

Future Direction

• Funded by AusHSI (AU Centre for Health Service Innovation)
• Early Detection of Deterioration in Elderly Residents (EDDIE): Implementing a hospital avoidance initiative
Thank you for your attention!
b.oneill2@cqu.edu.au

Related Publications


• Presenter acknowledgements: $5000 bursary from PresCare, Inc; recipient of 2014 Australian Postgraduate Research Award
Thank you for your attention!
b.oneill2@cqu.edu.au

Related Publications


• Presenter acknowledgements: $5000 bursary from PresCare, Inc; recipient of 2014 Australian Postgraduate Research Award