

# Residential in Reach

Acute care within aged care facilities

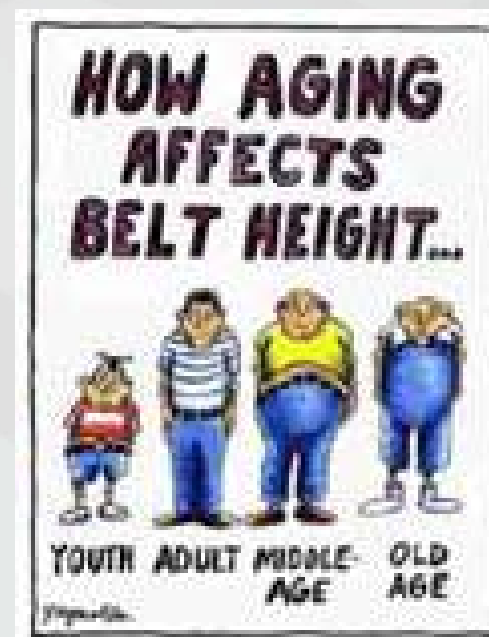
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# Background

- Winter demand
- DHS funded pilot
- Greater chronicity and fragility
- Less RN Div 1 & 2 nurses available
- Varied/Limited skill level within RACF's
- Reduced GP availability
  - Shortage +/- less AH cover
- RACF no other option > ED



# Consultation

- GP aged care forum and GP network
- ED clinicians
- Geriatricians
- Survey sent to RACF's

# Residential in Reach

We will provide you with an understanding of our service and the benefits we have achieved so far.

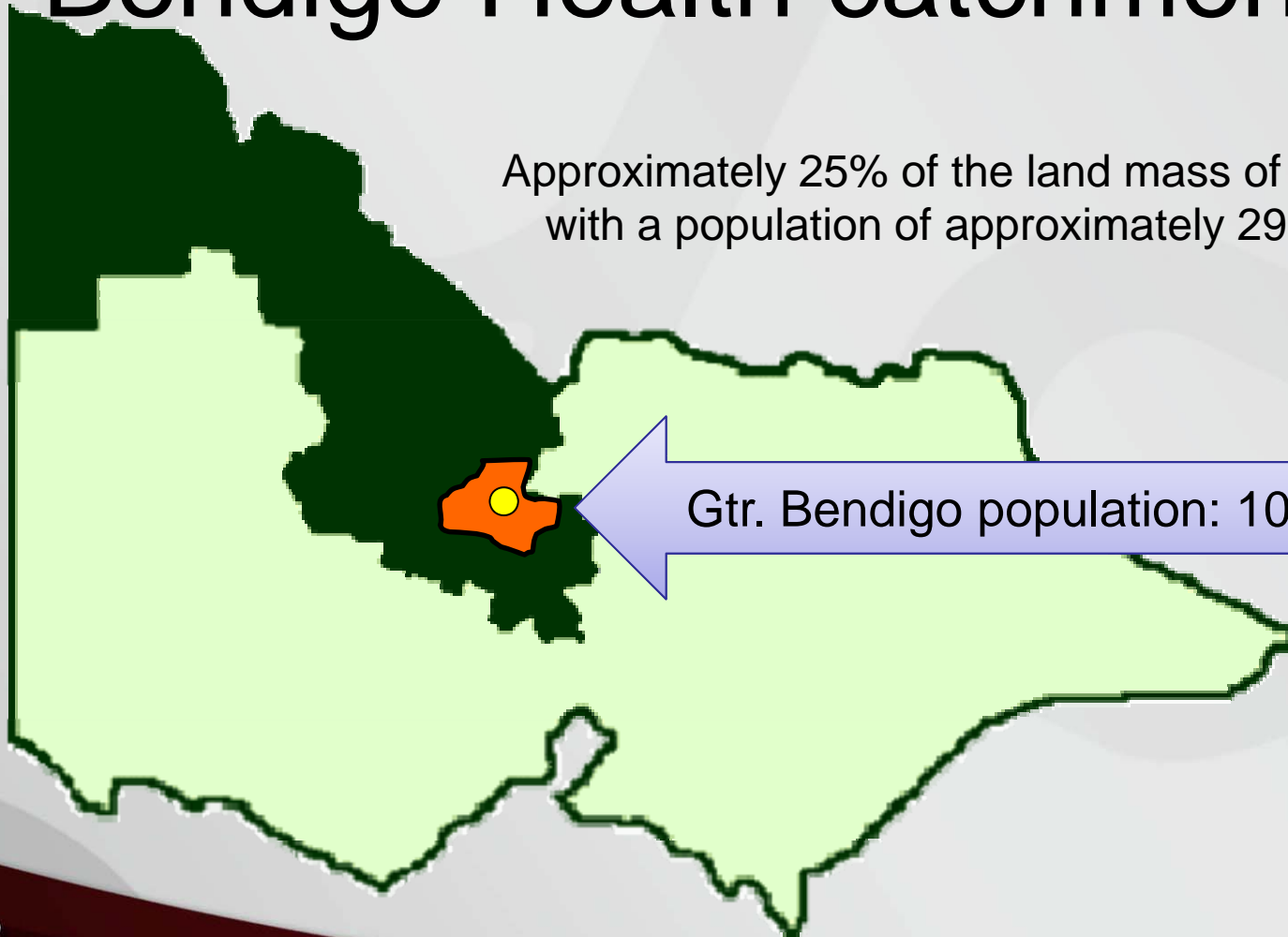
# Residential in Reach

- Service outline
- Outcomes
- Hurdles
- Enablers
- Lessons learnt



# Loddon Mallee Region: Bendigo Health catchment

Approximately 25% of the land mass of Victoria,  
with a population of approximately 290,000.



Gtr. Bendigo population: 100,000

# Bendigo Health



|                  |     |
|------------------|-----|
| Acute            | 226 |
| GEM              | 38  |
| Hospice          | 10  |
| Rehab            | 30  |
| Mental health    | 54  |
| Residential care | 265 |

# Program Goals

RIGHT CARE  
RIGHT PLACE  
RIGHT TIME

# Program Aims

- Improve quality of life for residents
- Timely clinical assessment and treatment
- Clinical support for staff in RACF
- Decrease LOS in ED and Acute units
- Build staff capacity within the facilities

# Program Outline

- Team of advanced clinicians
- Cover 7 days a week
- GP always first contact
- After hours support by ED AO
- Access to Geriatrician
- Regular case conference (governance)
- Case conference in RACFs

# Service Provided

- Referrals received by phone, then triaged
- Comprehensive physical Assessment
- Liaise with GP, resident, families and RACF staff to provide clinical support
- Develop acute & preventative action plans
- Education for staff (BH and RACF)
- Manage resident in facility OR
- Guided fast track from ED / acute
- Support resident & RACF when D/C

# Case Types



- Falls/collapse/head injuries
- UTI
- Chest inf'ns/pneumonia/COPD
- CCF
- TIA / CVA
- Chest pain / ?AMI
- Diabetes control
- Cellulitis
- Dehydration / renal failure

# Case Types (continued)

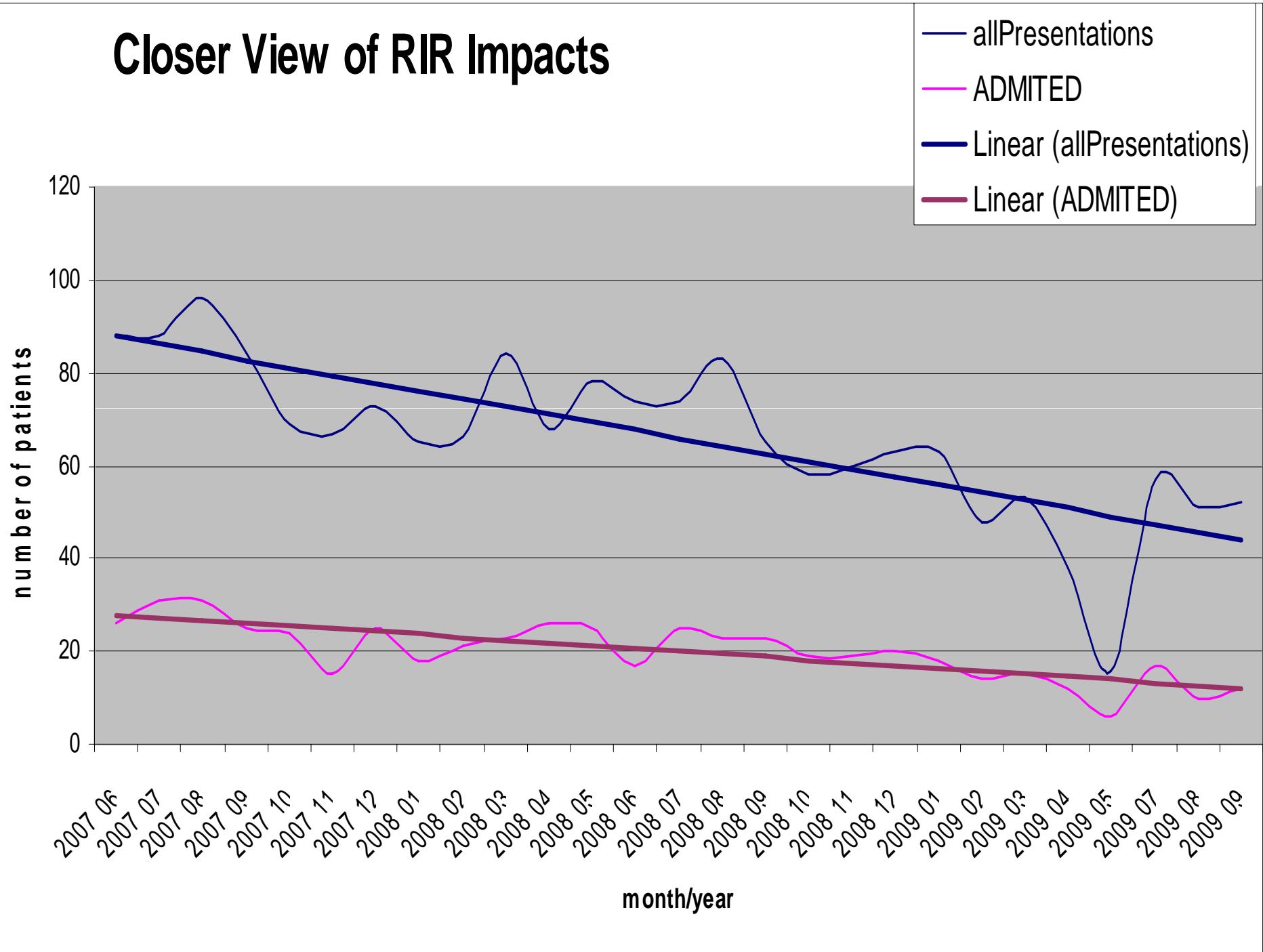
- Anaemia
- Abdo pain / constipation
- IDC management
- Urinary retention
- Declining mobility or mood
- Need for higher care
- Palliation
- Delirium
- Behavioural issues



# Treatment Options

- Respiratory support
- End of life management
- Hydration IV/SC
- IV medications eg: antibiotics
- Falls management
- Advanced care planning
- Acute & chronic wound management
- MBS items for allied health
- Brokerage : PCA, transport

# Closer View of RIR Impacts



# Residential in Reach - Outcomes

| The inpatient LOS relative to the SALOS before and after these clients entered the Residential In Reach program. | Before In reach | After In Reach | Percentage of DRG's with improvements in LOS |
|--|-----------------|----------------|--|
| Number of DRG's with Average LOS less than SALOS   | 16              | 36             | 34%  |
| Number of DRGs with Average LOS more than SALOS  | 43              | 23             |  |

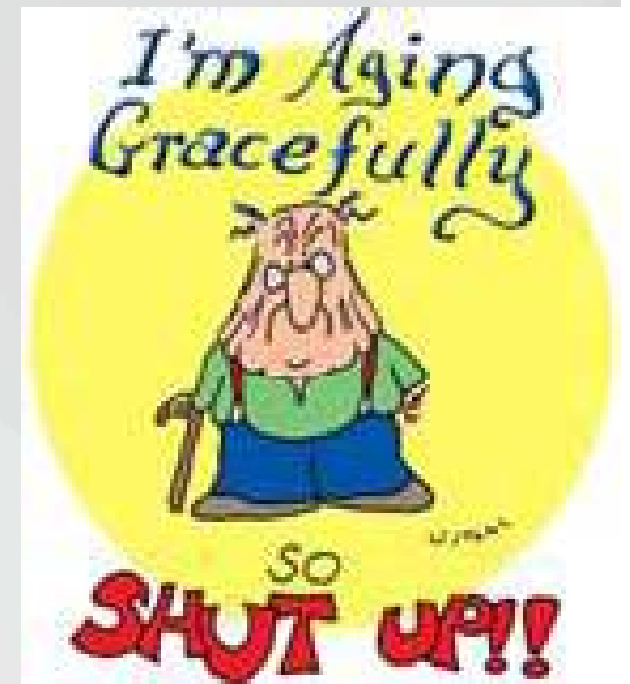
# Hurdles to name a few...

- GP 's
- RACF Staff
- Process for accessing GP
- Communication
- Staff changes



# Enablers

- RN Div1 Motivation
- Persistent communication
- Stakeholder engagement
- Monthly meetings
- Ad hoc & formal education



# Resources

- Development of assessment tool
- Clinical guidelines
- Div of GP aged care guidelines.
- Clinical care guidelines for working in residential aged care.

# Where to from here?

- Structured education program
- Cover beyond single shifts
- Pathways for Key presenting DRG'S
- Nurse Practitioner models
- Improved medical cover



# Lessons Learned

- Persistence & patience
- Greater respect for RACF staff
- Importance of family involvement

Trusting that a generous public will rally round the cause, and volunteer their much-needed contributions, to ensure its speedy accomplishment,  
I am, Sir, yours respectfully,  
A. CAUDLE.

22nd January, 1859.

# Thanks...

Janice Osteraas

Other members of our team

Dr Michael Brignell

Patients and families who accept our advise

RACF staff who welcome us into their facilities

...for their ongoing support

# Thankyou

