

# Residential Outreach: Innovation in Residential Aged Care

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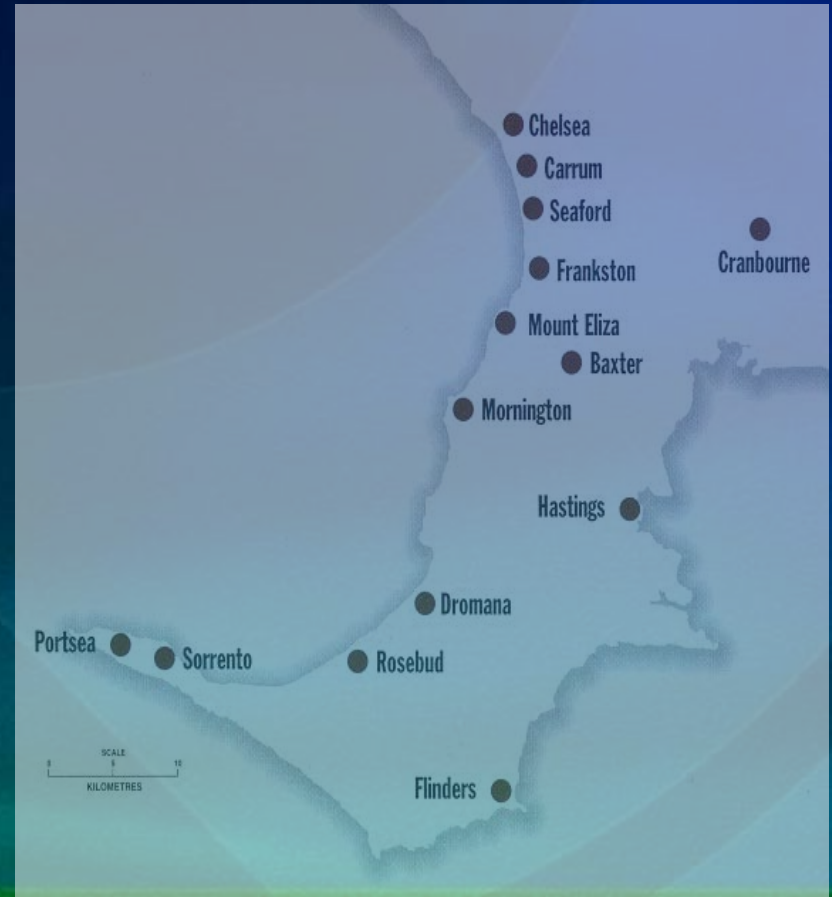
## Overview

- Peninsula Health Catchment Area
- Residential Aged Care Context
- What is Residential Outreach?
- Project Background
- Consumer Consultation and Participation
- Stakeholder Partnerships
- Project Achievements and Outcomes
- Future Directions - *Where To From Here?*



# The Geographical Context

- 40 kms to Melbourne CBD
- Ageing Population
- 57 RCFs
- 2,500 Residents
- 1x Integrated Health Service
- 1x Division of GP



## Residential Aged Care Context

- Residents with complex medical and social needs
- Low number of Registered Nurses
- High numbers of untrained staff
- Limited GP access and support
- Little available education on key clinical areas
- Tension between State and Federal Funding



# What is residential outreach?

- Established November 2003
- DHS HARP – Chronic Disease Management
- Interdisciplinary team
- Comprises Social Work, OT, Nursing, Physiotherapy and Medical staff
- Vision – *‘Delivering the best care in the best place’ Care in your Community, DHS Ambulatory Care Framework*



## What is Residential Outreach?

- ROSS is a multi-layered service providing;
  - Individual assessment for Falls Prevention, Wound Care Consultancy, PEG Care, Catheter Care and Geriatric Assessment
  - Education and support for RCF staff
  - Support for GPs to avoid unnecessary transfer of resident's to acute care



# The ROSS Team



## The Team

- 4.5 EFT
- Generic model of interdisciplinary care
- Enthusiastic and flexible clinicians
- Passionate about residential aged care
- Portfolio areas
- Active project work
- Research



## Initial Needs Analysis

- Limited research available about why residents of RCFs present to acute care
- Strained relationships and lack of trust between the RCF and Health Service
- Poor understanding of work environments and clinical realities between these sectors



## Project Framework

- Audit of Medical Records relating to RCF patients completed twice yearly
- Identification of primary presenting issues;
  1. Falls
  2. Chronic Respiratory
  3. Cardio-Vascular

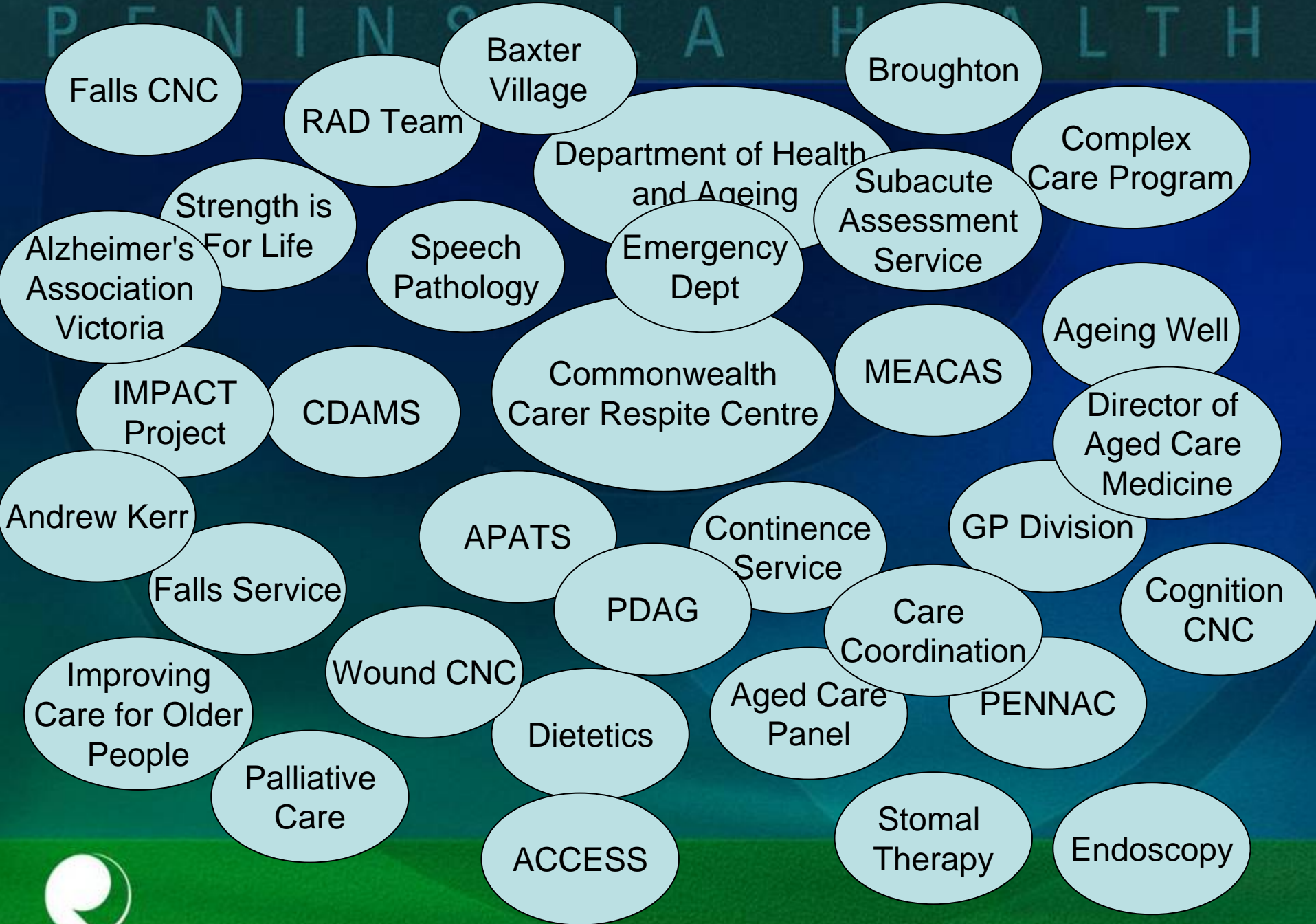


## Consumer Consultation and Community Partnerships

- Development of Consumer Feedback Forums
- Attendance at Peninsula RCF Network meetings
- Active engagement of RCF staff in problem identification and change process
- Establishment of active community partnerships



# PENINSULA HEALTH



## Innovative Service Delivery

- Acute Medical Outreach
- Wound Care Consultancy
- Evidenced Based Falls Prevention Assessment and Education
- Best Practice Dementia Care Education



# Acute Medical Outreach

- ROSS Medical Consultant provides clinical outreach
- Hospital in the Home
- PEG and catheter changes
- GP Liaison and Support



## Wound Care Consultancy

- Identified by ROSS team and RCF staff as service gap
- Partnership formed between ROSS team and Clinical Nurse Consultant
- RN with ROSS Team trained in wound management
- Consultancy and education provided with support of Clinical Nurse Consultant
- Integration across all RCF's and wider health service



# Falls Prevention in Residential Care

- High no. of falls presentations to ED
- Limited access to specialist falls prevention assessment
- VQC Best Practice Guidelines launched in 2005
- Coroner's Falls Investigation Standard
- "Whole of Community" project
- Partnership formed with Peninsula Health Falls Specialist Service



## Falls Prevention in Residential Care

- ROSS team trained by Falls Specialist Service
- Completion of Best Practice Falls Prevention Education by 80% of RCF's
- Reduction in ED presentations secondary to falls in RCF's



# Dementia Care Education

- Department of Health and Ageing funding
- *Discovering Dementia* project - 12 month 'train the trainer'/portfolio model of education
- Implementation in partnership with specialist services



An Australian Government Initiative



Peninsula  
Health



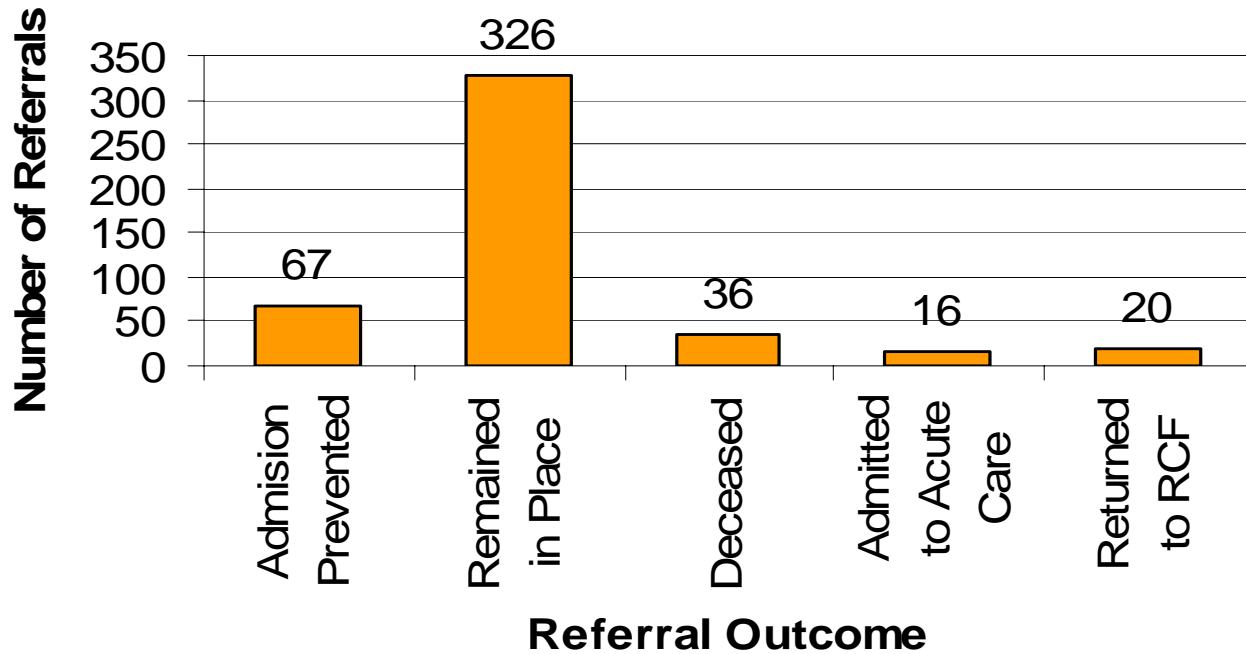
## Project Outcomes

- 465 Referrals July 2006 – June 2007
- Annual Residential Aged Care Forum
- 25 formal sessions of education per year
- Bi-monthly newsletter
- 100% of RCFs engaged with ROSS
- High profile in RCFs on the Peninsula



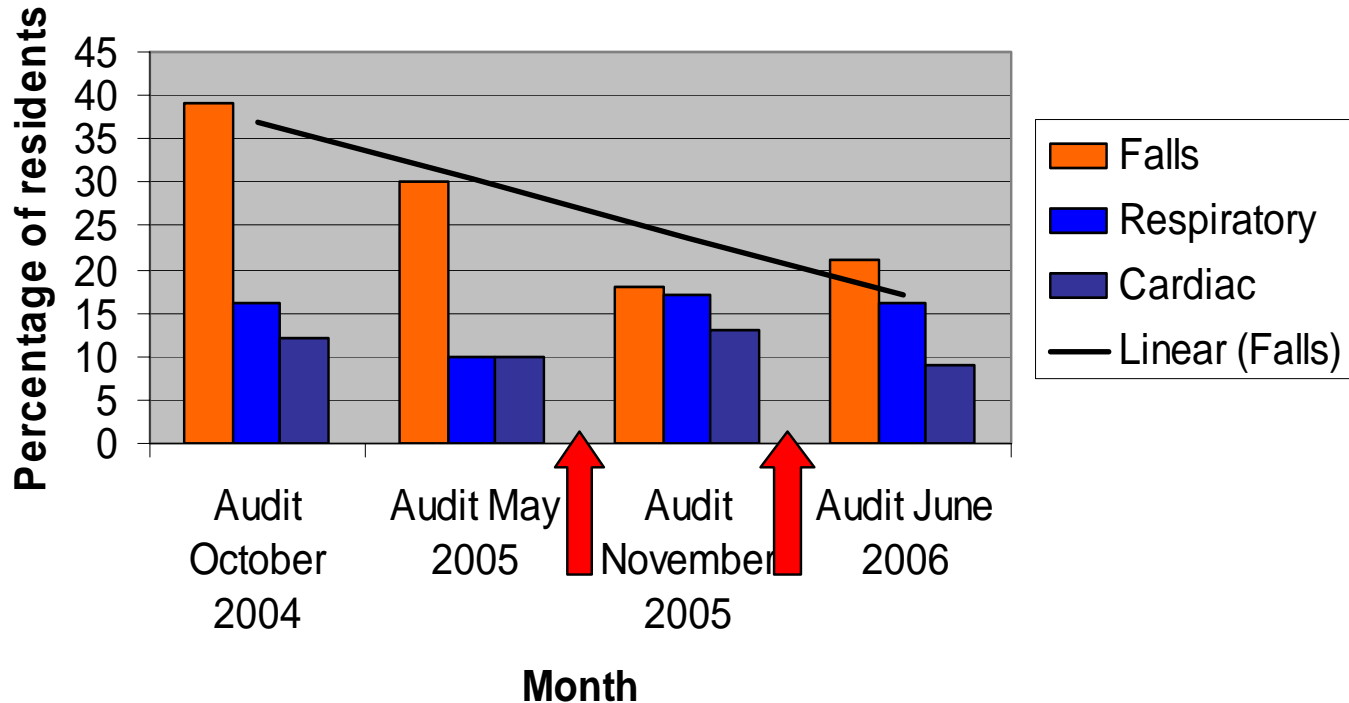
# Have we prevented admissions from Residential Care?

**ROSS Referral Outcome, July 2006 - June 2007**



# Have we Prevented Falls in Residential Care?

Primary clinical reasons for presentation to acute care from residential care



# Have we Filled a Service Gap?

- Innovative new services now available to residents of RCFs
  - Acute Medical Outreach
  - Wound Care Consultancy
  - Falls Prevention Assessment and Education
  - PEG outreach
  - Dementia Care Education



## Project Limitations

- Measuring impact on hospital presentations - difficult to assess for Wound Care Consultancy
- Although a reduction in falls can be demonstrated, difficult to attribute solely to ROSS intervention
- Consumer feedback suggests that support/liaison role effective in preventing admissions



## Future Directions

- Incorporation of 'AGESTRONG'
- PEG outreach partnership with the Metropolitan Ambulance Service



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