RAPID RESPONSE NURSING, ASSESSMENT AND INTERVENTION FOR SUB-ACUTE MEDICAL ISSUES, DECREASES NEED FOR EMERGENCY DEPARTMENT PRESENTATIONS

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VIDRL

Overview

• Background – DHS Winter Demand Strategy 2008

• MH In-Reach Service Model

• The Future

Beginnings of In Reach Service Initiative – DHS Winter Demand Project 2008

Motto For In Reach Project….

Patients First

Patients should receive **the right service** at **the right time**, in the **right place** from the **right people**

Background- In-reach Service Melbourne Health

- ✓ 57 facilities providing the community with 1755 low level car beds and some 1296 high care beds

Reviewed 2006 data identifying

- ➢ Presentation patterns
- ➢ Diagnostic rationale for presentation
- ➢ Presentation verses admission rates

2006 Winter data (period 1st July to 21st October)

- 275 presentations – 1/3 from LLC
- 50% of admissions regardless of referral source were admitted to MH as inpatient
- Presentation times
  - LLC – between 8am and 4pm
  - HLC – between 11am and 7pm
  - Little variation between days of the week
- Triage Categories
  - Cat 4 = 46%
  - Cat 3= 40%
  - 14% = Cat 1 or 2
- 31% of the client group had an admission of less than 48 Hours duration

- **Median** LOS – 4.5 days = 1023 bed days during the winter period

- **Top 3 admission diagnosis** = CVA, Pneumonia, Fracture

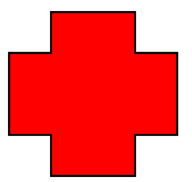
- **Most frequent Non admission diagnosis** = Cellulitis, Superficial wound (Abrasion/ Blister/ Contusion), Review following earlier treatment

4 major issues identified during the review of data

- Poor communication
- Inappropriateness of some transfers
- Major monetary cost for the acute health sector
- Lack of patient focused care

Opportunities for improvement

- Communication
- Co-ordination of services
- Access to education opportunities and competency for staff in RCF
- MH staff need greater awareness of issues in RCF
- Develop protocols to manage non acute patients from the Residential care sector



In-Reach Service

Healthcare that comes to you

Melbourne Health
In-Reach Service
Model

Rapid response nursing assessment =

In-Reach Service

Managing care:

1. Provide timely response
2. Acknowledge no service can provide all aspects of care
3. Identify areas for involvement by relevant existing sub acute service
4. Involve RACF, GP’s and Families, and make decisions collaboratively, but make decisions.
5. Provide options other than Hospital transfer. (Radiology)
6. Correspond back to facilities with results/ plans.

Key success factors for change…

• Time efficient on site assessment of residents in their own settings. Most patients within 2 hours.

• Extensive marketing to the Residential Aged Care Facilities to enable interception of unwell patients.

- Continual feedback provided to GP's

- Establishing relationships and referral pathways with complimentary services including;

✓PEG Tube Services

✓Palliative Care

✓Chronic Wound Services

✓Non Urgent Radiology

✓Ambulance Victoria

✓RMH Hospital in the Home (HITH)

✓Hospital Assesement Risk Program (HARP)

Results - In-Reach Service

Time frame	01/08/2007 – 31/01/2008	01/08/2008 – 31/01/2009
Presentations to ED	420	320
Presentations from MH In Reach Services Aged Care Facilities	315	236

Admission to ward	65	55
Short stay	42	45
MAPU	37	36
Died in ED	1	1
Transferred to another campus	1	3
Left without treatment		1

What does this mean…..

- Less overall presentations to ED year on year since commencement of In Reach Service.

- Admission rate remains at the approximately 50% as expected, but 100 less patients to ED would equate to 50 saved admissions.

- We also generated **40 HITH admissions**, which means; residents remain in facility, not transferred and disrupted from there home environment, better outcome for the resident.

Jan – June 2009

- 328 residents seen by the In Reach Service
- Monthly average 55, weekly 13 residents.

Patient outcomes Jan –June 09….

Admit RMH HITH	30	9.1%
GP follow up	**139**	**42.4%**
HARP/SACS	2	30.5%
Issue resolved	**100**	**30.5%**
Other	3	0.9%
R.I.P.	1	0.3%
Ref RMH ED	22	6.7%
Ref Palliative Care	7	2.1%
Ref PEG services	9	2.7%
RMH Wound Cons	15	4.6%

Outcomes indicate….

• **GP follow up**	**139**	**42.4%**
• **Issue resolved**	**100**	**30.5%**

72.9% of residents don't require transfer to the Emergency Department for treatment when provided with a rapid response nursing nurse

So why isn't there a equal decrease in hospital presentation from the figures show earlier?

Presentation rates down by 1/3, yearly increase in presentations from this demographic – difficult to quantify…

Aged Care….a residents transfer to the Emergency Department

- 86 year old Mrs Smith
- Living in a RACF, high level care needs.
- Hx of dementia and confusion
- Fall in facility, head strike, witnessed, nil LOC, no obvious injuries.
- Observation within normal limits, able to ambulate with assistance post fall.
- Sent to ED for review…..

Cont…

• Mrs Smith spends 5 hrs in ED, no interventions required and is transferred back to the facility, for GP follow –up.

Solution…..The In Reach Service

Referral received at single point of contact number

Phone Advice

In-reach staff attends RCF, Ward, ED

Issue Resolved. End of Episode

Suggest ED presentation

Patient assessment

Patient in decline. Contact NOK

Hospital Ix complete, Negotiate return to RCF +/- follow up visit by In-reach or other service

Gentle Investigation in place RCF. POC Path. Xray. Speech.

No Treatment necessary. Advice only.

Initial treatment. Refer back to GP for ongoing management

Initial treatment. Ongoing Needs.

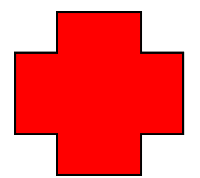
Refer to Palliative Care Service

Refer: SACS HARP Wound

Refer to HITH. Or other unit.

Fax Report to GP

End of Episode



In-Reach Service

Healthcare that comes to you

The Future

In-Reach Service The Future:

- In Reach Stats – have seen over 1000 patients since our initial client in Aug 2008, with hope to increase this with Ambulance Victoria referrals and newly developed relationship.
- Increased GP acceptance and approval seeing In-Reach Services as preferred over Locum or ED transfer.
- Greater acceptance of HITH services to provide acute services at RACF.
- Larger role for HARP programs within RACF's.
- Aged Care streams in Emergency Departments.

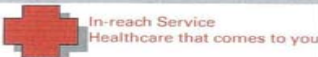
- Mobile radiology services.

- Expanded blood transfusion services to ACF’s

- The emergence of Nurse Practitioners (NP) with PBS/ MBS rights filling GP’s currently unable to fill. Particularly Aged Care NP’s.

- 24 hour In Reach Service

AGED CARE UPDATE



The In Reach Service – How can we help you?

In 2008 The Department of Human Services funded ten Victorian health services to develop a Winter Demand service as a pilot to help reduce the seasonal demand on hospitals seen during this period. Melbourne Health developed the In Reach Service, a supportive service for residential aged care facilities and GPs, to manage un-well residents in their facility and by doing so prevent avoidable transfers to the Emergency Department. In-Reach is now a permanent program.

Since commencement we have seen over 300 residents from 49 different Residential Aged Care Facilities (RACF).

What does the In Reach Service provide?

We provide:

- On site Specialist Nursing assessment with medical consultation
- Instant beside pathology testing
- In dwelling Catheter management
- Initiation of IV Hydration/ Antibiotics (Residents that require ongoing treatment are then admitted to Royal Melbourne Hospital, Hospital in the Home Service (RMH HITH)
- Commencement of oral antibiotics and maintenance dose oral medication
- Radiological plain film exams to exclude fractures

Some of the benefits of caring for residents within their RACF are:

- Avoid unnecessary investigations and tests in a hospital setting
- Avoid unnecessary transport to hospital
- Residents remain in familiar surroundings where normal care is provided and
- Individual nutritional needs are met, and meals are not missed.

In Reach provides the resident's regular GP with comprehensive faxes containing the patient assessment details and any follow up care that maybe required. Not only can In Reach take referrals direct from the RACF, but GP's can also refer residents to the service if they are unable to visit or they require assistance.

Some services that In Reach has direct links with include:

- PEG replacement/ troubleshooting service
- Chronic Wound Consultants
- Palliative Care services
- Rapid plain film Radiological examinations and reporting
- RMH HITH service

Common outcomes for patients seen by the In Reach Service include:

- Positive fractures excluded, wait and return transport organised back to their RACF without hospital visit.
- Resident assessed, investigated and treated with IVAB treatment, and referred to RMH HITH.
- Residents referred to Palliative Care services after discussions with their GP and the family, avoiding hospital admission
- Suprapubic catheters and indwelling catheters changed at the facility again avoiding hospital admission.

If you require assistance from the In Reach Service or you have any questions, please contact us on the number below.

0448 570 420
Monday to Friday 7.00am – 9.00pm
Saturday and Sunday 8:00am – 6.00pm

THERE IS NO COST TO THE RESIDENTIAL CARE FACILITY OR THE RESIDENT.

Questions….

References….

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