Project Steering Committee

Chair: Ingrid Klobasa-Egan

Ken Cassar

Dr Stephen Ginsborg

Dr Suzanne Daly

Dr Andrew Montague

Jairo Herreo

Sponsors: Christine Seeto, Michele Manz

Frank Bazik



AGED CARE MOBILE XRAY SERVICE – an ED Avoidance project October 2013

THE EVOLUTION OF A NEW HOME-BASED IMAGING SERVICE

Government approach by Dr Suzanne Daly and Dr Stephen Ginsborg for local community need for aged patients to be imaged in their place of residence via a *hospital-based* Mobile X-Ray Service.

...TOGETHER WITH

an aging population and ED overcrowding requiring innovative hospital avoidance strategies.

... RESULTED IN

MTEC Grant (Ministerial Taskforce into Emergency Care- NSW), \$355K for first hospital-based pilot

LITERATURE REVIEW



Reduced ED demand by aged care facility residents through improved primary care services.

Presented by Jackie Frankel¹

Co-prepared with Dr Jim Codde² & Mary Ivey³

- ¹ Fremantle GP Network
- ² SMAHS Health Service Planning Unit
- ³ Fremantle Hospital Residential Care Line Service

AGPN Conference Darwin Thursday 30 October, 2008

INVESTIGATIVE PHASE

- Total ED presentations for the month of March 2011 (Mona Vale + Manly Hospitals) was N = 4,235.
- The overall (month) percentage for RACF/Nursing home/Aged residential ED presentations = 4.4% (Compares well with Freemantle study of 4.6%).
- When including all residential patients
 >70 yrs of age this becomes 15.4% of total ED presentations.

AIMS and **OBJECTIVES**

To provide all general radiography diagnostic services to:

- local Aged Care Facilities (ACFs)
- immobile patients in private homes
- disabled of all ages.

through GP referral and Emergency
Department avoidance. (10% target of reduced ED (ACF) presentations from baseline data)

IMPLEMENTATIONDigital Equipment Evaluation



IMPLEMENTATION- The Van



Acknowledgement: Promotional Support from Sydney North Shore and Beaches Medicare Locals – Kris Hume and Sarah van De Scheur

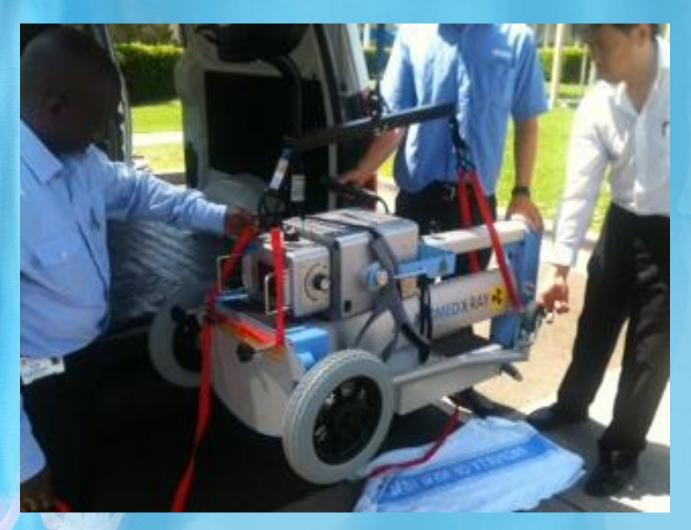
IMPLEMENTATION- The "A" Team

 Two RADIOGRAPHERS : Shawn Thomson, Alex Wait

TECHNICAL ASSISTANTS
 Safal Pokharel
 Denys McNaulty



SAFE WORK METHODS Report by WHS consultant



WHS e.g.Lifting arm procedures by Deb McHugh, Katherine OKeefe

IMPLEMENTATION- Image and report transfer

Digital images available to Nursing homes (DVD) immediately.

Images sent to GP and reporting radiologist by the end of the mobile imaging session Monday to Friday



Radiology report within 24-48 hours.

IMPLEMENTATION- Policy and Procedures

- Inclusion and Exclusion criteria (patient is assessed as "low risk")
- 2. Workforce Health and Safety Issues:
 - OHS review/report
 - one step policy





Radiographer places an image alert for abnormal cases requiring ED/call to GP/notify NUM

POST IMPLEMENTATION FINDINGS

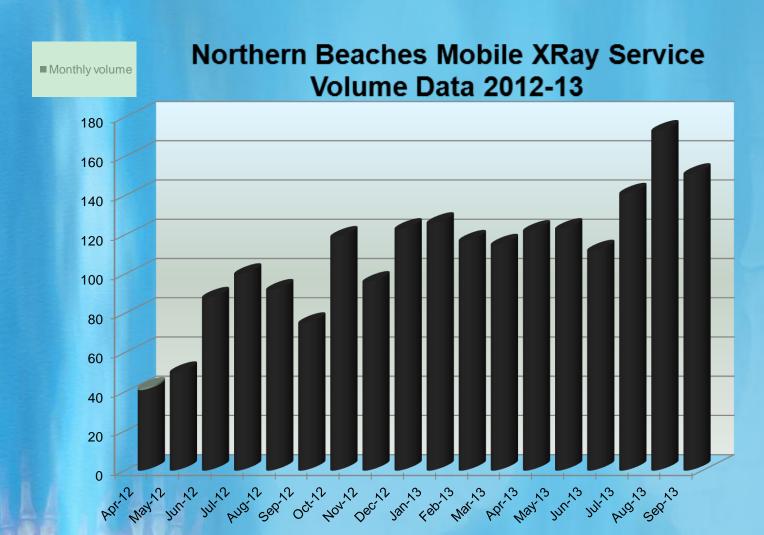
1.ED Avoidance data

The literature suggests an avoidance of 7- 48% of all emergency presentations

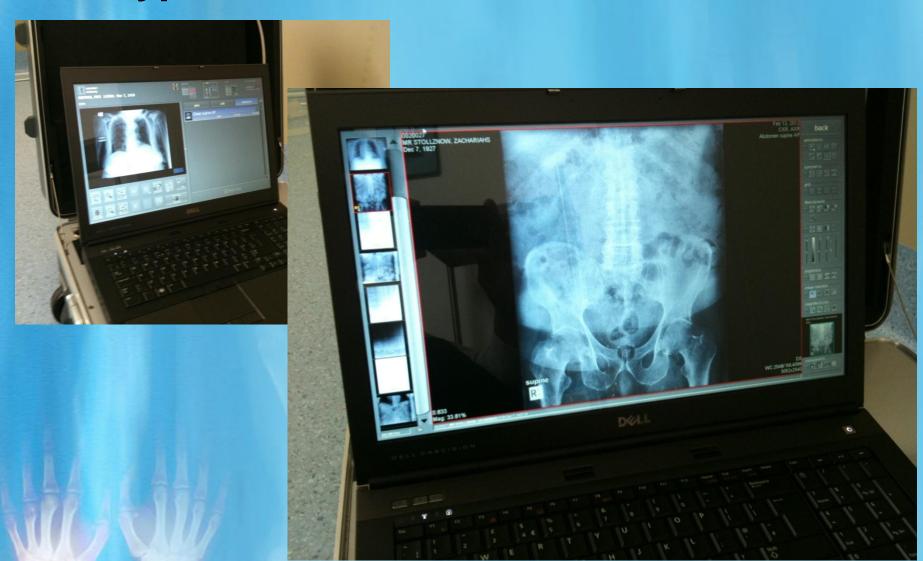
(Bergman et al 1991, Finn et al 2006, Bellatonio 2008, Juge-Boulogne et al 2001 if including all other homebased services)

A 23.2 % reduction of Aged Care Facility (ACF) patients presenting to ED departments was been demonstrated with 87.5 % of these van patients not presenting later to ED.

2. Volume Data n = 2037



3. Types of cases to date



An incidental finding...



4. Financial and Staff Savings

- Emergency department avoidance savings are significant. The average cost per hour for a patient of triage category 4 to 5 is \$71-\$80. For ave. of 109 less patients per month (average stay of 5 hours @ \$75/hour),
 \$40,875 per month is saved.
- NSW Ambulance Service costs are also avoided at approximately \$8,000/month.

5. LIMITATIONS

- 1. No Medicare rebate category-
- hospital ward mobile rebate in use.
- 2. Access to sites/patients...



Photography with patient permission



AVALON

Godsend for the disabled

Ref: Article from Manly Daily June 2012



John and Shirley Chamberlain at home with radiographer Bill Trinh.

Picture: ANNIKA ENDERBORG

'IT WAS A DREAM. IT TOOK HALF AN HOUR'S

FOLLOWING SLIDES ARE RESERVED TO AMNSWER QUESTIONS ONLY

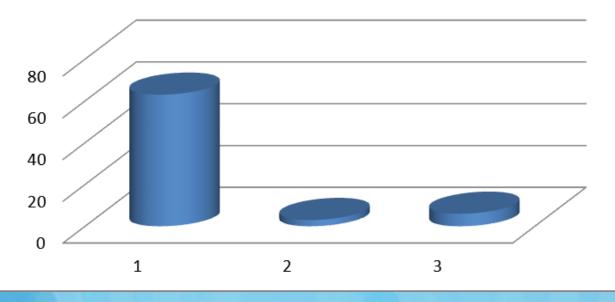
References

- Codde and Frankel, 2010, Australasian Journal of Ageing vol 29. No 4. pp 167-71)
- Judy A Lowthian, Damien J Jolley, Andrea J Curtis, Alexander Currell, Peter A Cameron, Johannes U Stoelwinder and John J McNeil. The challenges of population ageing: accelerating demand for emergency ambulance services by older patients, 1995–2015. MJA 2011; 194 (11): 574-578



Mobile X Ray Service 2012

n=72



KEY

- 1. Hospital Avoided- no return to ED
- 2. Questionable- perhaps should have come to ED
- 3. Patient came to ED in related timeframe for related treatment

INCLUSION CRITERIA

- Patient resides in an Aged Care Facility or residing in a private residence; with disabilities/immobility
- The patient is clinically stable. Does not require immediate transfer to an Emergency Department, but needs a general x-ray for exclusion of condition and to help guide management at place of residence.
- There is a non-critical provisional diagnosis (i.e. no suspicion of a life threatening condition or need for immediate hospital medical intervention)
- Progress review for ongoing management

EXCLUSION CRITERIA:

- A mobile x-ray should NOT be ordered for:
- Patients who require immediate medical or surgical in-hospital treatment
- Patients who need CT or Ultrasound

REQUEST FORM



Northern Beaches Mobile X-ray Northern Beaches Health Service Coronation Street, 2103 Fax: 9998 0703

Mona Vale Hospital

Phone: 9998 0268

atient & Facility Details			
First name N	/ledicare No	Affix patient sticker here (x-ray reception only)	
Surname F	ension No		
DOB C	VA No		
Sex male / female N	/IRN		
Facility Name			
Facility Address		Affix additional patient sticker here	
Access/Patient Limitations		(doctor or nursing home staff only)	
Facility Phone	Fax		
inancial Consent (This section n	nust be completed)		
Name of person responsible for invoice		There is a minimum out of pocket cost (\$50) for Mona Vale Hospital Medical Imaging to provide this examination.	
Relationship to patient		Has this cost been discussed and accepted by the person	
Staff Witness		responsible for the invoice?	Yes / No
xamination & Medical Off	icer Details		
Examination Requested			ALERTS
_		Infection Risk Details	Yes / No
Clinical Information		Details	
		Known Allergies Details	Yes / No
		Service Priority Service Date	24h / 36h
	ation is completed before fax tails, Medicare or DVA numbe		
Name of Referring Doctor	Provider Number	Contact Number	Fax Number
Signature		Date	
Radiographer Notes			
Radiographer's Signature		☐ Correct Patient ☐ Co	orrect Procedure