2016 NSW Innovation and Health Symposium

- Jacqui Hewitt : ACE CNC, Patient Flow, HNE
- Dr Carolyn Hullick: Senior Staff Specialist Belmont ED and Clinical Governance
- Leigh Darcy : ACE Service Manager, HPC
Mr B, 82, COPD sufferer. In the last year of his life...

- 38 ED presentations
- 18 hospital admissions
- 160 blood tests
- 25 x-rays
- 2 ultrasounds

Mr B died in the emergency department
Why Is The Residential Aged Care Facility The Right Place?

The best outcome for residents with low acuity problems is to be treated at home in the Residential Aged Care Facility.
ACE Service model

A Multifaceted Approach:

- A TEAM TO COORDINATE ACE
- EVIDENCE BASED ALGORITHMS
- COLLABORATIVE RELATIONSHIPS
- TELEPHONE CONSULTATION
- EDUCATION AND EMPOWERMENT
- PROACTIVE CASE MANAGEMENT

RESIDENT
Right Care
Right Time
Right Place

http://ace.healthpathways.org.au/
Resources

For resources contact agedcare@hunterprimarycare.com.au
Shared governance
Accurate data
of ACE

• 2012- A 2 year pilot concluded at JHH Newcastle

• Now, approx. 80% of RACFs in Hunter New England region have implemented the system 130 RACFs (> 6500 RACF beds)

• 9 EDs participating

• ACE is an established and successfully integrated service and in 2014/15 was awarded;
  – The Medicare Local Innovator of the Year (National)
  – 2 Hunter New England Quality Award for Building Partnerships and Integrated health care
  – Innovation grant to introduce telehealth
  – A National Better practice award from the Aged Care Quality Agency “EmbrACE the ACE” submitted by BUPA Cardiff
ACE versus usual care

- Annualised savings of $920,000 with 981 ED visits avoided.
- Most of the savings related to reduction in ambulance
- Average 74% of calls to ACE resulted in hospital avoidance

JHH ED pilot in 2012:

- Large variation in transfers to ED from RACFs 16 to 211 transfers / 100 RACF beds
- 45% reduction in hospital admission
- 45 minute reduction in average ED Length of stay
• “If ACE was stopped we would likely get a whole lot more, mostly inappropriate, presentations for things that could be readily managed in the aged care home….it would impact on our ability to manage the rest of our activity and meet our targets.” (ED staff member)

• “ACE is like having another RN on staff to speak with about a patient. Often we can’t access the RN or they only work days so it is important we have access to clinical advice and ACE provides this.” (RACF staff)
Shared governance and accountability

Reduced potentially avoidable presentations to ED with:
- Reduced associated risks
- Reduced ED congestion
- Reduced demand on Ambulance service
- Reduced economic burden on health services
- Improved access to resources for those in most urgent need

Improved quality of clinical handover with better informed decision making

Ensuring residents of RACFs receive the most appropriate care in the right setting (patient centred care)
Publications


Want to know more?

Please contact me at
Jacqueline.hewitt@hnehealth.nsw.gov.au
If you would like further information
Thank you!!!

Hunter Primary Care (previously Hunter Medicare Local), Hunter New England Central Coast Primary Health Network, Australian Government, NSW Health, NSW Ambulance, HNE Health and all the staff, patients and their families in RACFs for funding and support.