Providing Appropriate Care for Residents in Aged Care

PAC4RAC

Collaborative Project

The Project So Far

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Who we are
Patient Story
All RACF across NSLHD

5800 Calls to Ambulance

147 Calls to Ambulance

141 Transported by Ambulance to NSLHD facilities

27 Discharged from ED

114 Admitted to NSLHD facilities

26,400 Bed days ~ $38.94M

Average LOS is 6.6 days
Cost: $1475/day
Cost of ambulance ~$400 per response

TAC Facilities

752 Bed days ~ $1.11M

+ A cost of ~ $13,200 for the use of NSW Ambulance where transport could have been avoided

Project Background and Objectives

2015

2015
Objectives

• By June 2017, the number of TAC residents requiring transport via NSW Ambulance to Emergency Departments within NSLHD will be reduced by 25% from 141 patients a year to 106 patients a year.

• By June 2017, the number of “000” calls received for TAC residents to NSW Ambulance will be reduced by 25%.

• By June 2017, all agreed identified treatable conditions will be managed within TAC 50% of the cases (low acuity).
**In Scope**

- **Patients:**
  - All residents from Twilight Aged Care (TAC)

- **Process:** Process of choosing right ambulance resource
  - Identifying resources or options to support residents (either to stay at facilities or upon hospital admission)

- **Technology:**
  - Access to documents
  - Exchange of information between the 3 x agencies to support an optimal decision
  - Telehealth
Out of Scope

- **Patient:**
  - Residents of all other Residential Aged Care Facilities (RACF) within the NSLHD

- **Process:**
  - Mental Health
  - Care undertaken in at the hospital

- **Technology:**
  - NSW Health / Ambulance Health Matrix
  - eHealth
Everyone is linked together when it comes to residents care
Analysis

Causes for TAC facilities to call for NSW Ambulance for the transporting of residents to hospital:

Access to services A/H:
- Knowledge of available services
- Waiting to arrive
- Lateness
- Lack of access
- To services
- Bulk Billing availability
- Cost of services
- General Costs
- Call out costs

Families:
- Family Events / Circumstances
- Being contactable for decisions
- Negativity with using Advanced Care Directives
- Staff capabilities
- Health of patient
- Unrealistic expectations

Access to services in hours:
- Time
- Frequency
- Availability of medical services
- Accessibility
- Contactability
- Support services available

Systems and Processes:
- Flowcharts, flipcharts, flyers, memos
- Inconsistent knowledge base of support services
- Policies and Processes for facilities are inconsistent
- Dissemination of information
- Inconsistent processes within facilities (TAC)
- Lack of use of management plans
- Identification of appropriate responses by NSW Ambulance
- Availability of ECPI
- Ambulance

Skill Sets:
- Maintaining acute base skill sets "fluent"
- Actual level of skill
- Level of Experience
- High and communication
- Lack of confidence
- Ongoing education / upskilling

Reasons for Residents going to Hospital:
Data Analysis – LHD and NSW Ambulance Data

**Total Number of Calls to NSW Ambulance from TAC Facilities by Hour of Day**

**NSW Ambulance Response Type**  
*n=368*

- Priority 1 - 2: 191
- Priority 1 - 2 (ECP/Healthdirect): 132
- Priority 3: 42
- Other: 3

**Calls to NSW Ambulance from Twilight Aged Care by Facility**

<table>
<thead>
<tr>
<th>Facility</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glades Bay</td>
<td>33</td>
<td>43</td>
<td>47</td>
</tr>
<tr>
<td>Glengarry</td>
<td>18</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Horton House</td>
<td>22</td>
<td>30</td>
<td>47</td>
</tr>
<tr>
<td>Jamieson House</td>
<td>22</td>
<td>42</td>
<td>35</td>
</tr>
</tbody>
</table>
**Data Analysis – TAC Surveys (n=33)**

What event prompted you to call NSW Ambulance?

- A. The resident condition changed and they requested transfer to hospital.
- B. Staff observed a change in the resident's condition.
- C. The on-call manager directed the resident be transferred to hospital.
- D. The GP reviewed and directed the resident be transferred to hospital.
- E. The resident's family requested the resident be transferred to hospital.
- F. Other

A. Was the option of staying at the facility discussed with the resident/family?
B. Would you be confident to care for the unwell resident, at the facility?

A. Has your loved one / friend recently been to hospital?
B. Would you have preferred your loved one / friend to be cared for at the facility?
C. The staff discussed with me / my family about my loved one going to hospital?
D. The GP discussed with me / my family about my loved one going to hospital?
3) Do you feel that there was an adequate handover provided to you, to commence or continue treatment?

4) If NO to Q4: Explain your response

- ALN on shift / No RN
- Just commenced shift
- Single word handover
- Patient not aware
- Staff not aware of ACD/EOL plans
- Nil observations provided
- GP advised to go and had not visited or...
Residents from Twilight Aged Care Facilities will receive the:

**Right care, Right time, with the Right people,**

for their acute care needs, through the systematic processes that provide a positive experience for residents, family and staff involved.
The workshop
## Summary of Key Issues

### Understanding and Access to Care Management Plans
- Staff not confident with management of acute care conditions
- Limited Access and Costs to Services
- Lack of Structured Handovers
- Inconsistent Processes to Escalate Care Within Facilities

<table>
<thead>
<tr>
<th>No.</th>
<th>FOCUS AREA</th>
<th>ISSUE</th>
<th>Workshop Comments</th>
<th>ROOT CAUSE</th>
<th>Workshop Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Understanding and</td>
<td>Access to Care Management Plans</td>
<td>• Are they in place? • Are they just not done? Are they not there at all?</td>
<td>1.1 Change in level of care within TAC and skill set of staff not changed accordingly</td>
<td>Agreed</td>
</tr>
<tr>
<td>2</td>
<td>Staff not confident</td>
<td>with management of acute care conditions</td>
<td></td>
<td>1.2 Engagement of medical staff</td>
<td>Agreed</td>
</tr>
<tr>
<td>3</td>
<td>Limited Access and</td>
<td>Costs to Services</td>
<td></td>
<td>1.3 Family / Carer - lack of understanding and education of clinical management plans</td>
<td>Agreed</td>
</tr>
<tr>
<td>4</td>
<td>Lack of Structured</td>
<td>Handovers</td>
<td></td>
<td>2.1 Historical rostering practices based on level of resident activity</td>
<td>Agreed</td>
</tr>
<tr>
<td>5</td>
<td>Inconsistent Processes to Escalate Care Within Facilities</td>
<td></td>
<td></td>
<td>2.2 Change in level of care within TAC and skill set of staff not changed accordingly</td>
<td>Agreed (Resident activity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.3 Opportunities to maintain acute bases skill sets</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.1 Availability and ability to contact for services</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.2 Different GPs for residents and use of contracted GPs</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.3 Base location of GPs</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.1 Content / use of form not valued by staff</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.2 Lack of local / outgoing structured handover</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.1 Lack of consistency between sites for the requirements for calling an ambulance</td>
<td>Agreed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.2 Lack of knowledge of existing community service than can support</td>
<td>Agreed</td>
</tr>
</tbody>
</table>
Summary of Key Solutions

- Acute Care plan as part of the RACF care plan. May be the Advanced Care Plan or ACD (if family agree)
- Clinical models of care and care plans to match skill set
- Training in the APAC flip chart for PCA’s/ Empowering staff through this education
- Edit RACF transfer sheet to add box indicating advance care directive/end of life wishes
- ISBAR training for staff to introduce any news of health change/deterioration
- GP engagement in the acute care planning process - new resident case conference and arrival review of this
- Orientation. "Carer" Pack services used to manage patients clinical care needs within the facility.
- All care plans lodged with My Health Record (need to have patient registered with My Health Record)
- Aim to have an RN available 24 hrs/7 days. Remunerated appropriately and able to access records and care plans
- GPs being aware of services available and their role within that service
- Community Service provides education
- Placement in APAC or ED for temporary secondments
- Telehealth. Consistency with GPs. GP relationship building with resident and core staff
- Implement link to My Health Record from Facilities to LHD
- Implement ISABAR Implementation into facilities
- Remote access to patient notes and script for triage guide for O/C RN to ask PCA when taking call
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- Community Service provides education
## Implementation of Solutions – ACD field added

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>* dd/mm/yyyy 00.00 (please use 24 hour time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for transfer</td>
<td></td>
</tr>
<tr>
<td>Attached</td>
<td>Resident Details (from iCare)</td>
</tr>
<tr>
<td></td>
<td>Medication Chart</td>
</tr>
<tr>
<td></td>
<td>GP's Letters</td>
</tr>
<tr>
<td></td>
<td>Copy of Care Plan</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* if selected above</td>
</tr>
<tr>
<td>What is the usual mental status of the resident?</td>
<td>Orientated</td>
</tr>
<tr>
<td>What is the mental status of the resident at the time of the transfer?</td>
<td>Orientated</td>
</tr>
<tr>
<td>Belongings sent with the resident</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* ie. dentures, walking frame etc.</td>
</tr>
<tr>
<td>Advanced Care Plan</td>
<td>-</td>
</tr>
<tr>
<td>Advanced Care Directive</td>
<td>-</td>
</tr>
</tbody>
</table>
Implementation of Solutions - Handovers

**ISBAND Handover Communications Tool**

Make sure that you have all of the resident's notes and observation charts with you. This makes using ISBAND more effective when communicating with another clinician.

### Section 1: Introduction
- **Your Name:**
- **Position Title:**
- **Location:**
  - **Gates by Gardens**
  - **Glenroy**
  - **Horens House**
  - **Jenison House**
- **Resident’s Given Name:**

### Section 2: Situation
- **Residents’ Surname:**
- **Reportable Incident:**
  - **Abnormal:**
  - **Yes**
  - **No**
  - **Bleeding Abnormality:**
  - **Yes**
  - **No**
  - **Other:**
- **Change in Clinical Status:**
  - **Breathing Difficulty:**
  - **Yes**
  - **No**
- **Dizziness:**
  - **Yes**
  - **No**
- **Diarrhoea/Vomiting:**
  - **Yes**
  - **No**
- **Urinary Symptom:**
  - **Yes**
  - **No**
- **Constipation:**
  - **Yes**
  - **No**
- **Skin Problems:**
  - **Yes**
  - **No**
- **New or Worsening Confusion (Dementia):**
  - **Yes**
  - **No**
- **New or Worsening Pain:**
  - **Abdominal Pain:**
  - **Yes**
  - **No**
- **Other:**

### Section 3: Background (Clinical)
- **Cognitive Status:**
  - **Evidence of:**
  - **Yes**
  - **No**
- **Confusion:**
  - **Yes**
  - **No**
- **Other:**

### Section 4: Assessment (Clinical)
- **Usual Mobility:**
  - **Walking:**
  - **Yes**
  - **No**
  - **Assisted:**
  - **Yes**
  - **No**

### Section 5: Notification / Documentation
- **GP Notified:**
  - **Yes**
  - **No**
- **Resident Incident Form Completed:**
  - **Yes**
  - **No**
- **Staff:**
  - **Yes**
  - **No**
- **Ambulance Notified:**
  - **Yes**
  - **No**

### What is ISBAND?
- ISBAND (an acronym for **I**ntroduction, **S**ituation, **B**ackground, **A**ssessment, **N**otification, and **D**ocumentation) is a structured way of communicating information that requires a response from the receiver. ISBAND provides a framework to structure communication in a constant and reliable way.
- ISBAND also helps clinicians prioritize information, decreases the chance of forgetting relevant information and helps to prevent the use of assumptions, vagueness and helps to reduce any misunderstandings.
- As such, ISBAND can be used very effectively to escalate a clinical problem that requires immediate attention, or to facilitate efficient handover of residents between clinicians and clinical teams.

### Why ISBAND?
- Evidence shows that poor or inadequate verbal and written communication is the most common root cause of serious errors. When a standardized approach is implemented, communication is more effective in teams.

### INTRODUCTION
- State your Name, Position Title and Facility Name

### SITUATION
- The reason I am calling is...
- Explain what has happened to trigger the conversation

### BACKGROUND (CLINICAL)
- Provide details of resident normal cognitive and mobility status
- Have the resident’s Care Plan open

### ASSESSMENT (CLINICAL)
- Note clearly the trend in the resident’s vital signs
- Explain what you think the problem is or say “I’m not sure what the problem is but the resident’s condition is deteriorating”
- You may be asked to expand upon your statement with specific signs & symptoms

### NOTIFICATION
- Have key stakeholders such as GP or Family

### Documentation
- Make sure you complete an Incident Report
- Update Progress Notes as required
- Update Care Plan as required
- Have all original records available reporting to RN

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**DISCLAIMER:**

- This document contains all the necessary information for a comprehensive handover process. It is designed to ensure effective communication and minimize errors in clinical settings. Please review all information thoroughly before proceeding with any actions.

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**NOTICE:**

- This document is subject to change and may be updated periodically to reflect any new regulations or best practices in the field of healthcare communication. Always refer to the latest version available.

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**AC**

ADO Agency for Clinical Governance

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**REDESIGN**

ADO Agency for Clinical Governance
Implementation of Solutions - Education

Training in the APAC flip chart for PCA's / Empowering staff through this education
**Implementation of Solutions - Education**

**WHEN TO ACT**

**NEEDS IMMEDIATE ACTION:**
- If the resident has not been drinking AND has one of the following:
  - Persistent vomiting or diarrhoea and not tolerating fluids orally for more than 8 hours
  - Little or no urine output for 12 hours
  - Decreased level of consciousness/drowsiness
  - Systolic blood pressure below 90
  - Heart rate above 110
  - Temperature greater than 38 or less than 36 degrees

**WHAT TO DO**
1. Call the GP
2. If GP agrees call BRACE to access clinical support
3. Check for Advance Care Directive
4. If cannot call GP and no advanced directive
   - Call ambulance
5. Read blue section
6. Notify relatives

**RESIDENT’S SYMPTOMS**

**NEEDS ACTION WITHIN 24 HOURS:**
- If the resident has any of the following symptoms:
  - Reduced oral intake
  - Dark, concentrated urine
  - Increasing confusion, agitation or drowsiness
  - New swallowing difficulty

**WHAT TO DO**
1. Call the GP
2. If GP agrees call BRACE to access clinical support
3. If GP not available follow local policy
4. Read blue ‘While waiting for help’ section
5. Notify relatives

**WHILE WAITING FOR HELP:**
- If the resident is alert, sit them upright and give small sips of water (20-30ml) every 10-15 minutes as tolerated. Thicken as appropriate for patient. **DO NOT ATTEMPT IF CHOKING ON FLUIDS**
- If cannot tolerate sips, moisten mouth with mouth swabs dipped in water
- Monitor blood pressure, heart rate, respiratory rate and temperature according to local policy, or every 15 minutes if resident fits red ‘needs immediate action’ description
- Check the resident’s blood glucose and document result

**DECREASED ORAL FLUID INTAKE**

BRACE Monday to Friday 8am – 4:30pm 9998 6111
Communication

• Newsletter/ fact sheet has been circulated to all TAC employees, residents and families on PAC4RAC

• Education for TAC staff has commenced

• Implementing staff recognition for those staff who embrace the project

• Ambulance sponsor sent out memo to all Ambulance staff within NSLHD to encourage the TAC employees to Handover in ISBAND

• Face to Face meeting with GP afterhours provider to TAC facilities to roll out Service Directory

• Surveys pre / post
Risks and the Challenges during implementation

- Time
  - Annual leave
  - Major
- Sponsorship
- Responsibility of one person rolling out the solutions in TAC
- Recruitment
- Increase in transports due to increase in knowledge
- Reliant on TAC managers as the change agents with external support to provide ongoing momentum and education to TAC staff / residents and families
Initial evaluation

All NSW Ambulance Responses to Twilight Aged Care Facilities
Period 2015/16

<table>
<thead>
<tr>
<th>Month</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Feb</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Mar</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Apr</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>May</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Jun</td>
<td>17</td>
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<td>Jul</td>
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<td>Aug</td>
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<td>Sep</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Oct</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Nov</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Dec</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
Initial evaluation

Number of "000" calls made from TAC facilities
Period 2015/16

- January 2015: 6, 2016: 6
- February 2015: 5, 2016: 5
- March 2015: 6, 2016: 7
- April 2015: 8, 2016: 5
- May 2015: 1, 2016: 3
- June 2015: 11, 2016: 3
- July 2015: 8, 2016: 3
- August 2015: 7, 2016: 2
- September 2015: 7, 2016: 3
- October 2015: 10, 2016: 2
- November 2015: 4, 2016: 3
- December 2015: 4, 2016: 3
Initial evaluation

Calls for Ambulance by TAC Facilities

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>All responses - Jan to Oct</td>
<td>118</td>
<td>80</td>
</tr>
<tr>
<td>&quot;000&quot; responses Jan to Oct</td>
<td>64</td>
<td>42</td>
</tr>
</tbody>
</table>

- 32% reduction in calls from 2015 to 2016 for all responses.
- 35% reduction in "000" responses from 2015 to 2016.

2015 vs 2016
The Next Steps

Collaboration
Access
Referrals and Responses
Education and Evaluation