



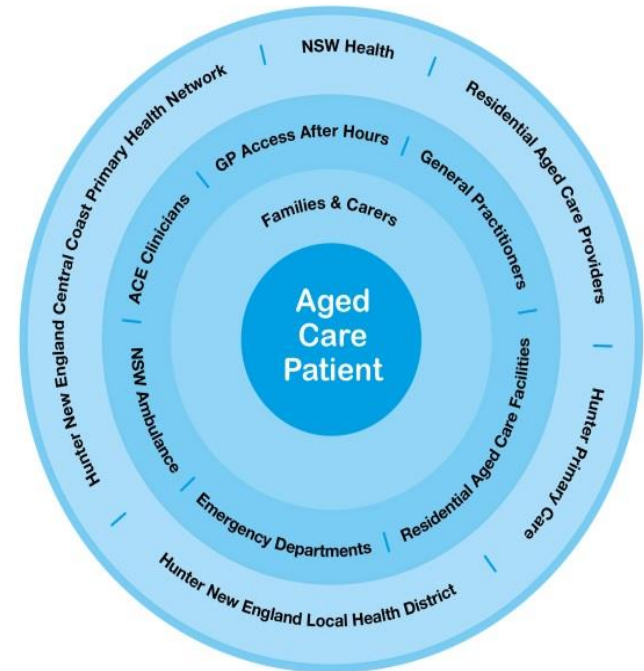
Health
Hunter New England
Local Health District

Hunter
PRIMARYCARE

ACE

AGED
CARE
EMERGENCY
SERVICE

ACE Stakeholders



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



Why Is The Residential Aged Care Facility The Right Place?

sarcopenia

distress

falls

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

delirium

disorientation

dehydration

disruption to care

deconditioning

pressure ulcers

ACE Service model

A Multifaceted Approach:



Resources

Recognition of a Deteriorating Patient			
OBSERVATION	GREEN (USUAL)	YELLOW (CAUTION)	RED (DANGER)
Respiratory Rate	10 - 24 /min	Less than 9 /min More than 25 /min	Less than 5 /min More than 30 /min
Respiratory Effort	Typical for this patient and SpO2 normal	Unusually laboured or noisy breathing for this patient	Obvious distress and/or cyanosis (despite Oxygen)
Pulse Oximetry (SpO2) (Beware of the COPD patient who may normally have low saturations)	95-100% (with or without Oxygen) Typical for this patient	Less than 95 % (despite Oxygen) For this patient	Less than 90% (despite Oxygen)
Blood Pressure	100 - 180mmHg (systolic = top measurement) Typical for this patient (Caution if a patients BP is normally 160 mmHg and is now 100mmHg this is not normal for this patient)	Less than 100mmHg More than 180mmHg (systolic = top measurement) For this patient	Less than 90mmHg More than 200 mmHg (systolic = top measurement)
Heart Rate	50 - 120 /min	Less than 50 /min More than 120 /min	Less than 40 /min More than 140 /min
Response and Cognition	Alert (A) (or cognition normal for this patient)	Verbal (V) (or cognition normal for this patient)	Pain (P) or (U) Unresponsive to Pain or Sudden changed to mental state More than 38.5°C (Despite anti-pyretic medication)
Temperature	35.6 - 38.4°C (with or without anti-pyretic medication) If over 37.5 monitor patient and check with RN	Less than 35.5°C More than 38.5°C (Without anti-pyretic medication)	Obvious Discomfort (or present pain medication) in 4mmol/L in 14mmol/L

ISBAR 4AC
When contacting a doctor, nurse or NSW ambulance about a resident... think ISBAR

ACE Service: 1300 223 555

Before you call: Complete the ISBAR 4 Aged Care Form Observations and Med charts Advanced Care Plan

Call Instructions: 1300 223 555

Press 1
Monday-Friday 5:30pm - 8am
Saturday 12pm to Monday 8am (including public holidays)

Select the appropriate option
Monday to Friday 8am - 4:30pm
Saturday 8am - 12pm

Belmont Hospital ACE
Newcastle Calvary Mater Hospital ACE Press 2
John Hunter Hospital ACE Press 4
The Maitland Hospital ACE Press 3
Manning Rural Referral Hospital ACE Press 5
Tomaree Community Hospital ACE Press 6
Singleton District Hospital ACE Press 7

Weekdays 4:30pm - 5:30pm: Unavailable

In a medical emergency always call 000

ISBAR 4AC
When contacting a doctor, nurse or NSW ambulance about a resident... think ISBAR

ACE Service: 1300 223 555

Identify

- Your name, role, facility and the location you are calling from
- The person you are talking to
- The resident's NAME and DOB (AGE)

Situation

- What is the resident's main problem/symptom at present?

Background

- Is there any relevant medical history?
- Initial treatment and the effect on the resident?
- Give the name of the resident's usual GP
- Any ACP in place? if so, what is it?

Assessment

- Observations vs. normal for resident
- Any injuries or abnormal findings?
- Changes in cognition and ADL vs. normal for resident
- Goal of care for this clinical episode

Recommendation

- What assistance do you think you need?
- I need advice on resident management/referral
- I would like a GP to visit and assess the resident
- I need to send this resident to the ED

NSW Health
Hunter New England Local Health District
Hunter PRIMARYCARE

medicare local
NSW Health
Hunter New England Local Health District

Aged Care Emergency Manual
Issued August 2014

DO NOT BE TREATED ACP BEFORE COMING TO THE ED

Hunter PRIMARYCARE | GPaccess

ISBAR4AC/Nurse Clinical Handover Information
For Residential Aged Care Facilities

NOTE: Complaints arise to the GP/ACE Service/Ambulance NSW; if transferred to ED send ISBAR4AC, Observations Chart, Medication Chart, Advanced Care Plan / MOLST, Confusion Assessment Method (CAM)

Please use yellow envelope if available

Patient Name: _____
D.O.B: / /
Age: _____

Your name and role: _____ Date: _____
Direct phone number for call back: _____ Direct Fax number: _____

Name and position of person you are speaking to: _____

Patient's main problem / Symptom at present: _____

How long has this been an issue? _____
Is there any relevant medical history? (have chart available) _____
Medications (have chart available) _____ Known Allergies: _____
Initial treatment and the effect on the patient? _____

Patient's family notified of current problem/symptom? Yes / No
Name of the patient's usual GP: _____
Is there an Advanced Care Plan / MOLST in place? if so, what is it? _____

Observations: (have chart available) Baseline: _____ Date: _____ Time: _____
Temp: _____ Blood pressure: _____ Pulse rate: _____ (regular/irregular)
Respirations: _____ Oxygen saturation: _____ Weight: _____
Current Observations: _____ Blood pressure: _____ Temp: _____ BGL
Urinalysis: _____ Oxygen saturation: _____ Pulse rate: _____ (regular/irregular)
Weight (if able): _____

Injuries or abnormal findings (See Symptom Reference Guide over page): _____
Is patient more confused than usual? Yes / No
(If yes, complete Confusion Assessment Method- see ACE manual page 6)
How much pain is the patient in? _____
No pain _____ Mild _____ Moderate _____ Severe _____
Circle the type of pain: _____
Chronic _____ Acute _____ Acute on chronic _____

I am requesting assistance with / advice for: _____
Symptom management; Medication review; GP assessment of patient; Sending patient to ED;
Other: _____
Goals of Care (include Advanced Care Plans): _____

Doctor's Orders / ACE Advice: _____
Name: _____ Signature: _____

Call Outcome: (Please circle)
Manage in facility
Manage with assistance of third party
GP / Ambulance / Other
Transfer to ED

ACE
AGED CARE EMERGENCY SERVICE

Clinical Support for Aged Care
Information for Family and Friends

Hunter PRIMARYCARE | NSW Health
Hunter New England Local Health District

RACF to HOSPITAL TRANSFER ENVELOPE - CHECKLIST

Sending facility name: _____ unit/ward name: _____
Receiving facility name: _____
Please initial in appropriate response box

Person responsible name: _____
Usual GP phone number: _____

Usual GP: _____
Do all medications need to be in a blister pack on return to RACF? Contact details of usual pharmacy: _____
List of all current medications including a list of tablets, capsules, eye drops, creams, ointments and over the counter and herbal medications if they are not listed on the medication sheet.

Copy of current medication sign sheets showing time of last dose (List of all current medications including a list of tablets, capsules, eye drops, creams, ointments and over the counter and herbal medications if they are not listed on the medication sheet).

Advance care plan/advance care directives: _____ MOLST: _____ Palliative care plan: _____ Chronic disease / behaviour management plan: _____

GP summary or letter if available: _____
X-rays, pathology results, CAM score if available: _____
Copy of the completed ISBAR 4AC form - Ensure allergies are listed on this form: _____
Facility or Nursing handover form: _____
Other documents included: _____

All clinical instructions / patient information must be documented on handover forms.
Hunter's name (print): _____ RACF wing/unit/ward phone number: _____

NSW Health | Hunter New England Local Health District | phn HUNTER NEW ENGLAND AND CENTRAL COAST | NSW Ambulance | Calvary

For resources contact
agedcare@hunterprimarycare.com.au

Hunter New England LHD



Health
Hunter New England
Local Health District

Shared governance

Accurate data

ACE Stakeholders





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

Health Economic Evaluation 2014

ACE versus usual care

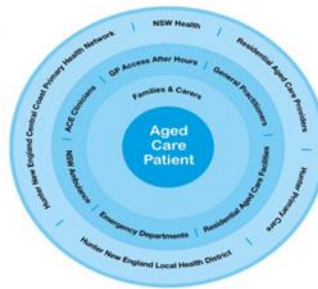
- Annualised savings of **\$920,000 with 981 ED visits avoided.**
- Most of the savings related to reduction in ambulance
- Average **74%** of calls to ACE resulted in hospital avoidance

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

Evaluation 2014:

ACE Stakeholders



perceptions

- “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)



messages

- 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

1. Stokoe A, Hullick C, Higgins I, Hewitt J, Armitage D, O'Dea I. Caring for acutely unwell older residents in residential aged-care facilities: Perspectives of staff and general practitioners. *Australas J Ageing*. 2016;35(2):127-32.
2. Conway J, Higgins I, Hullick C, Hewitt J, Dilworth S. Nurse-led ED support for residential aged care facility staff: an evaluation study. *Int Emerg Nurs*. 2015;23(2):190-6.
3. Conway J, Dilworth S, Hullick C, Hewitt J, Turner C, Higgins I. A multi-organisation aged care emergency service for acute care management of older residents in aged care facilities. *Aust Health Rev*. 2015;39(5):514-6.
4. Hullick C, Conway J, Higgins I, Hewitt J, Dilworth S, Holliday E, et al. Emergency department transfers and hospital admissions from residential aged care facilities: a controlled pre-post design study. *BMC Geriatr*. 2016;16:102.

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



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