Providing Appropriate Care for Residents in Aged Care

PAC4RAC

Collaborative Project

The Project So Far

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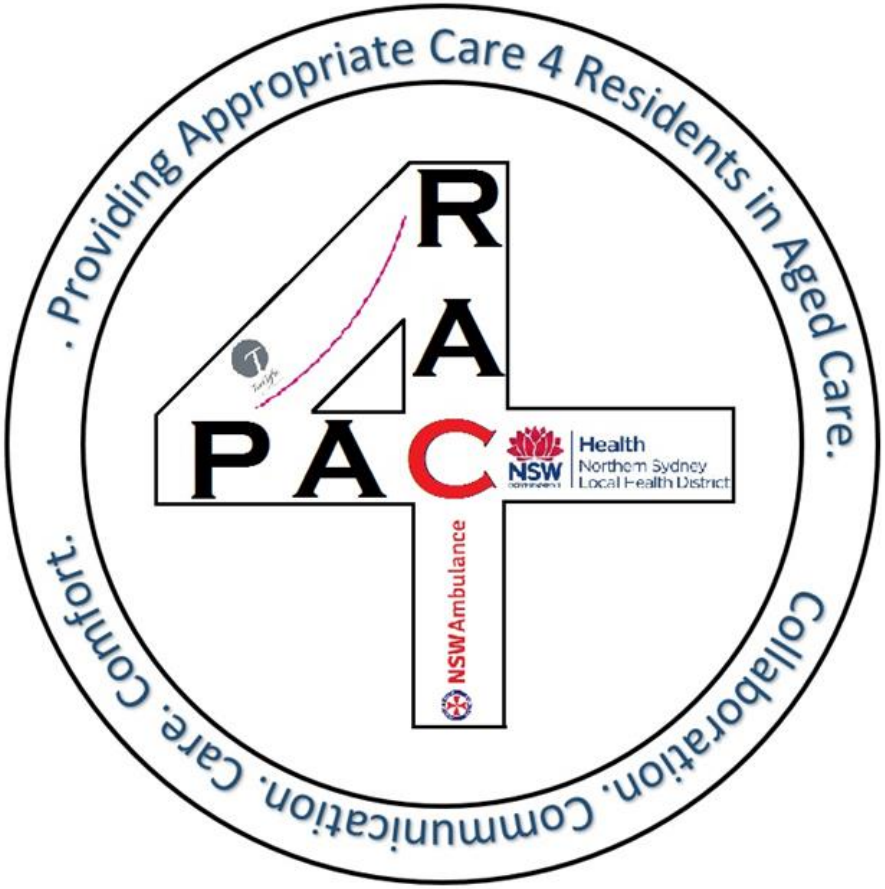
Who we are


. Providing Appropriate Care 4 Residents in Aged Care.
Collaboration. Communication. Care. Comfort.
R
A
PAC
Health
Northern Sydney
Local Health District
NSW Ambulance

Patient Story

Project Background and Objectives

All RACF across NSLHD

2015

5800
Calls to Ambulance

4000
Admitted to NSLHD facilities

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

26,400 Bed days
~ $38.94M

147
Calls to Ambulance

141
Transported by Ambulance to NSLHD facilities

27
Discharged from ED

114
Admitted to NSLHD facilities

752 Bed days
~ $1.11M

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

TAC Facilities

2015

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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

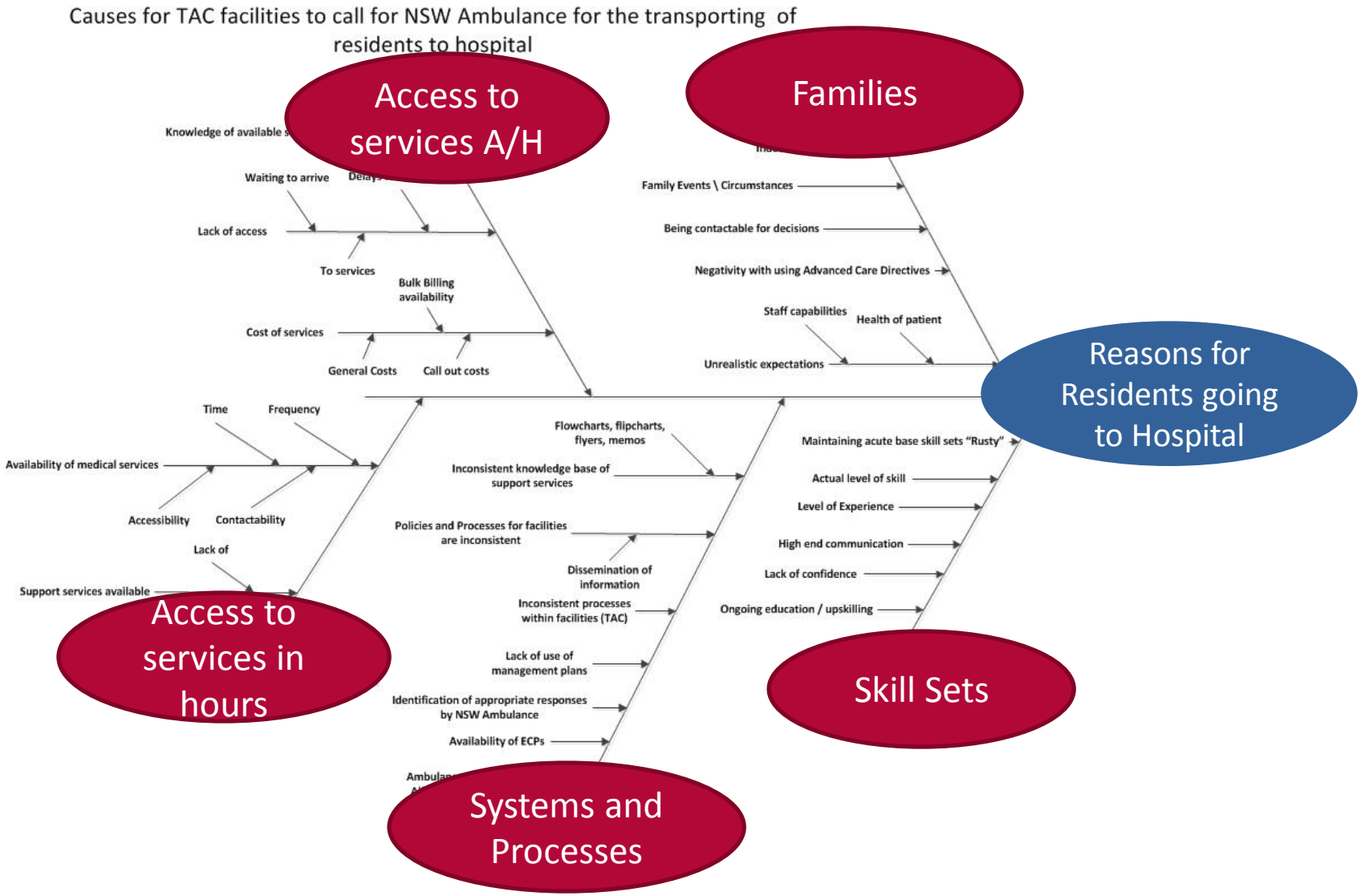
Out of Scope

- 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

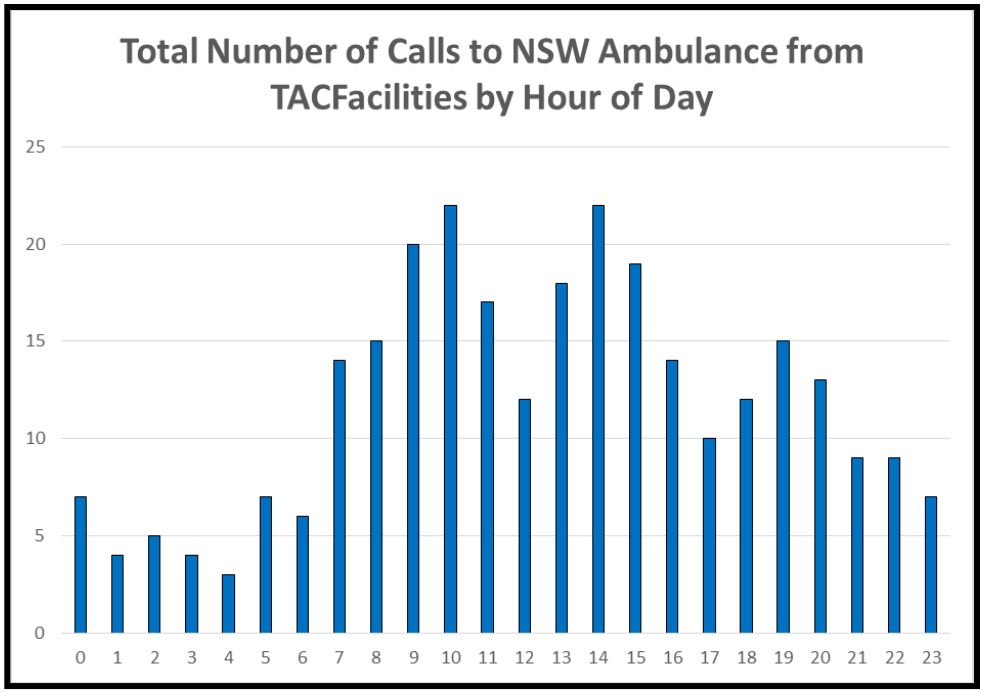
Stakeholders

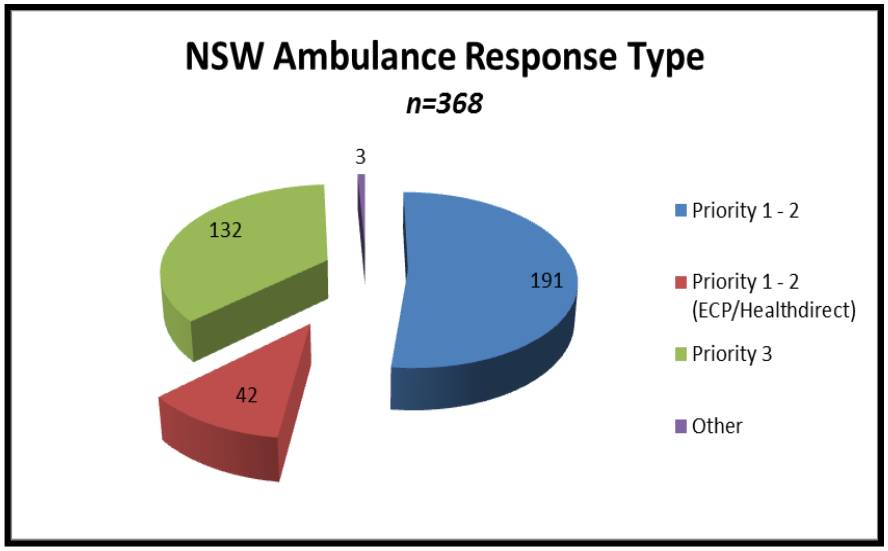
Everyone is linked together when it comes to residents care

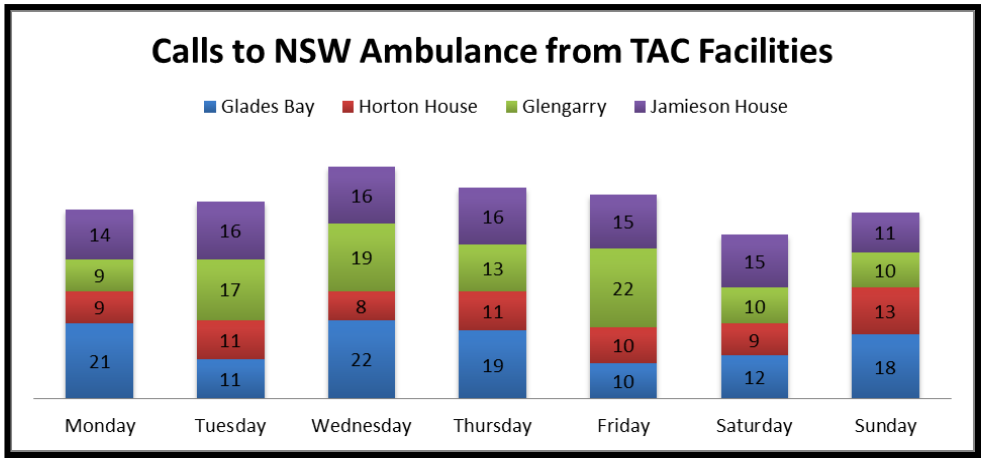
Analysis

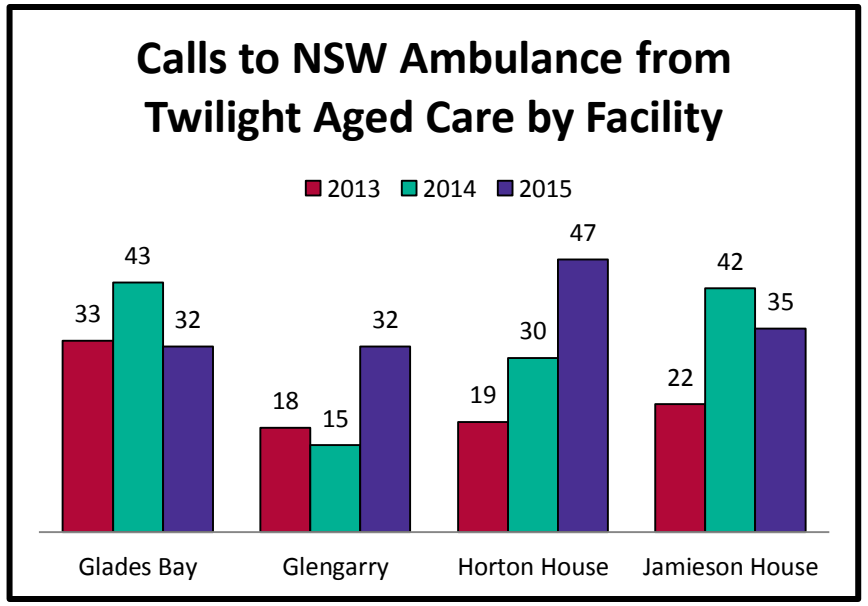

Causes for TAC facilities to call for NSW Ambulance for the transporting of residents to hospital
Access to services A/H
Families
Reasons for Residents going to Hospital
Access to services in hours
Skill Sets
Systems and Processes
Knowledge of available
Waiting to arrive
Lack of access
To services
Bulk Billing availability
Cost of services
General Costs
Call out costs
Family Events \ Circumstances
Being contactable for decisions
Negativity with using Advanced Care Directives
Staff capabilities
Health of patient
Unrealistic expectations
Time
Frequency
Availability of medical services
Accessibility
Contactability
Lack of
Support services available
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 ECPs
Maintaining acute base skill sets "Rusty"
Actual level of skill
Level of Experience
High end communication
Lack of confidence
Ongoing education / upskilling

Data Analysis – LHD and NSW Ambulance Data









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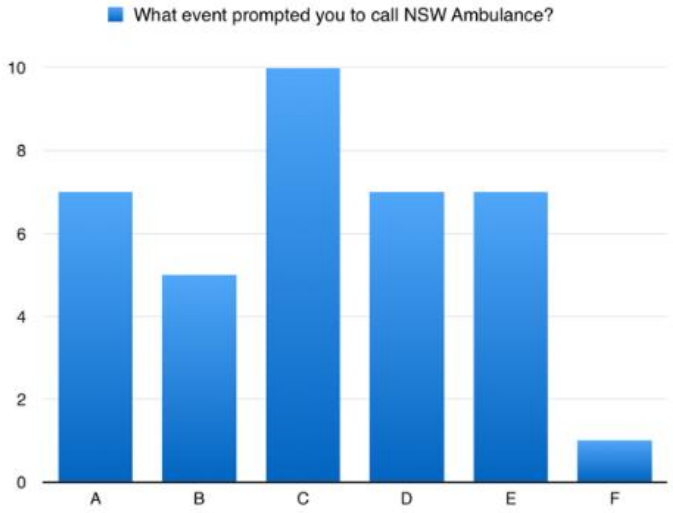
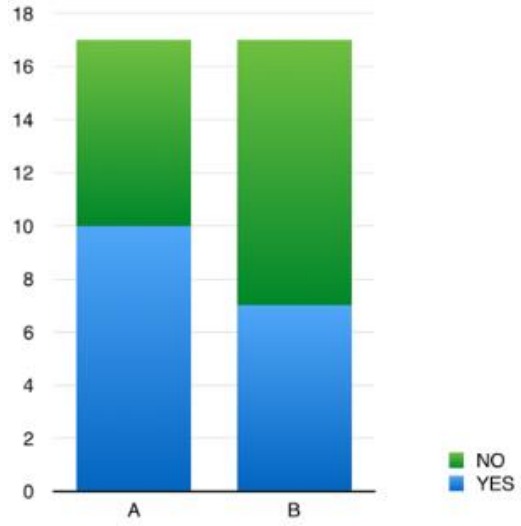
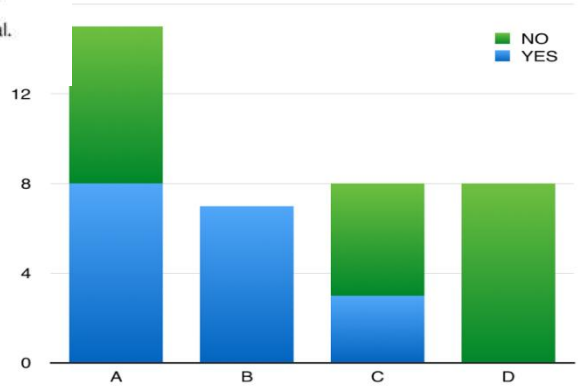
Data Analysis – TAC Surveys (n=33)



A. The resident condition changed and they requested transfer to hospital.
B. Staff observed a change in the residents 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

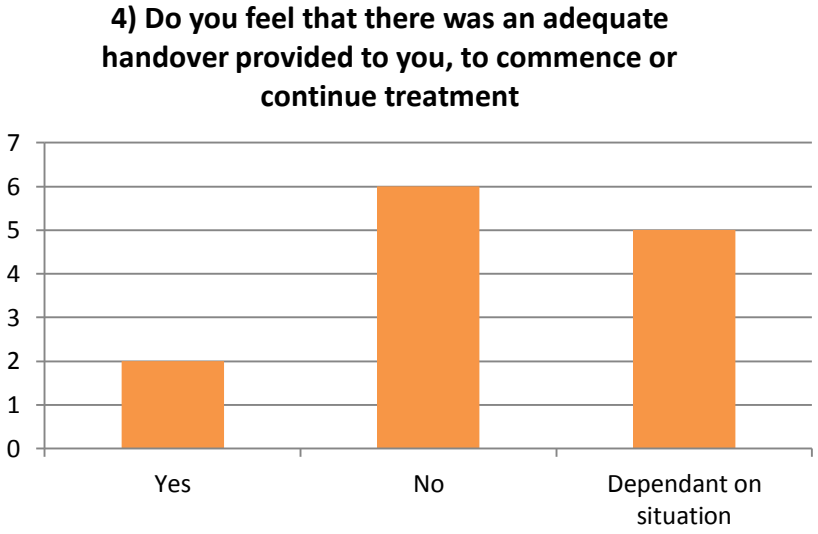


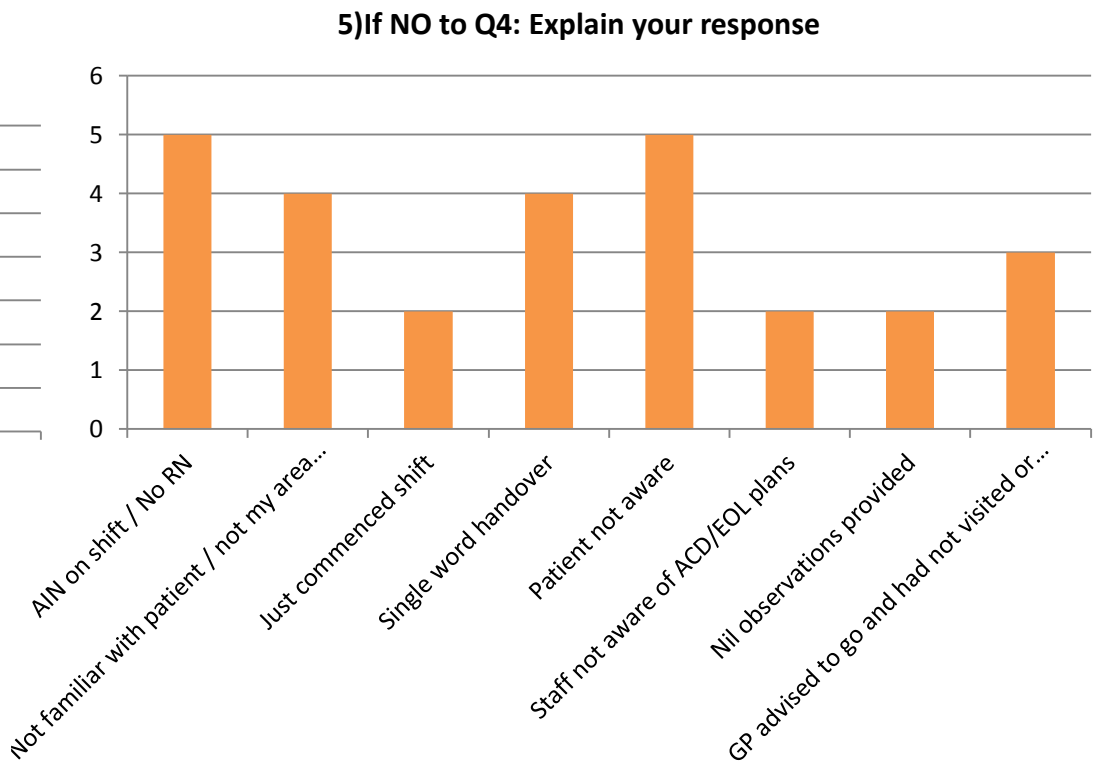
A. Was the option of staying at the facility discussed with the resident/family?
B. Would you be confident to care for the unwell resident, at the facility?



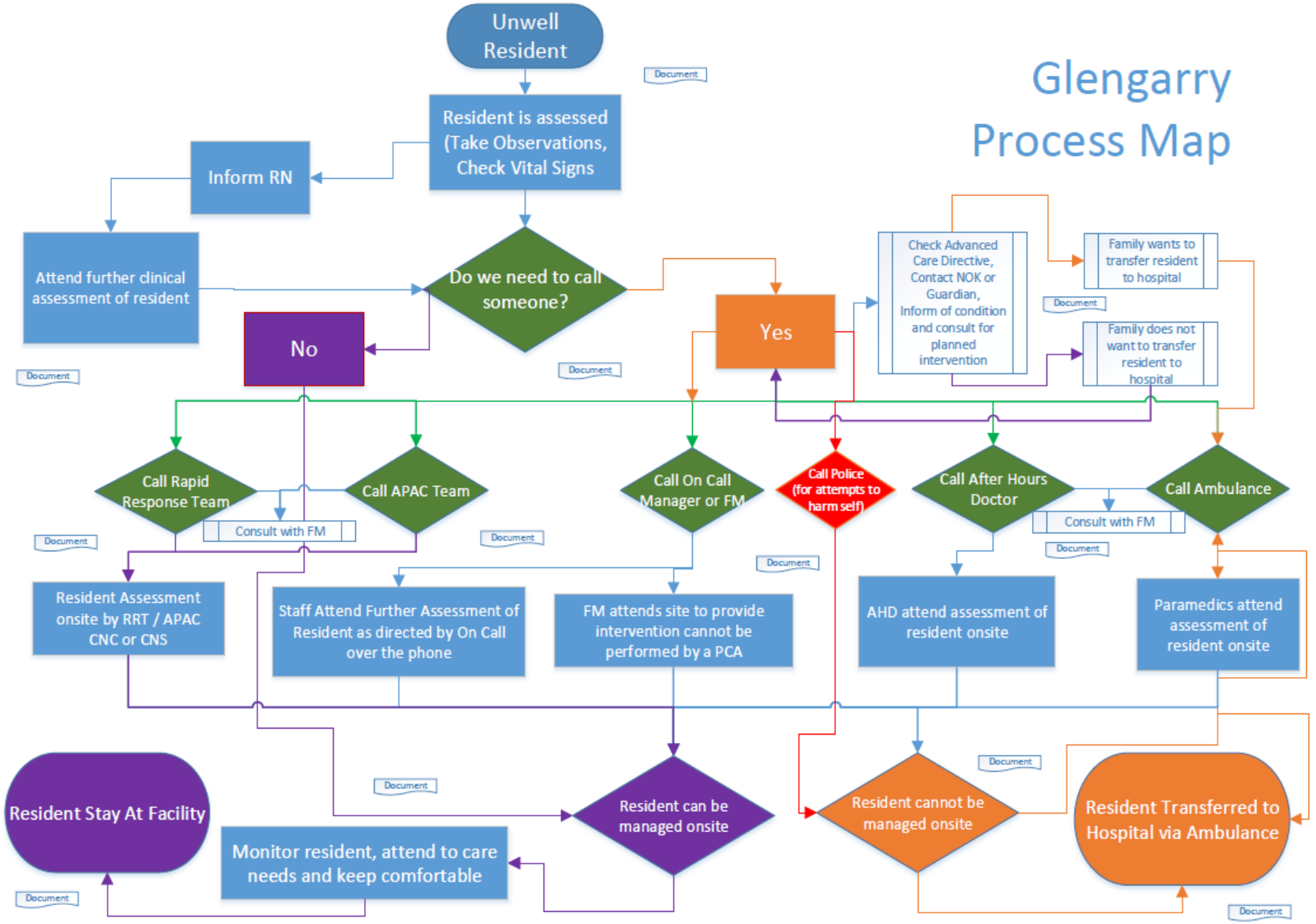
A. Has your loved one / friend recently been to hospital?
B. Would you have preferred your loved one / friend to be cared for at the facility?
C. The staff discussed with me / my family about my loved one going to hospital?
D. The GP discussed with me / my family about my loved one going to hospital?

Data Analysis – NSW Ambulance Surveys (n=30)





Data Analysis – process maps



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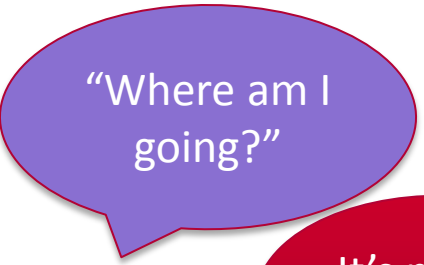
The Patient Journey

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

PAC4RAC Focus Area, Issues & Root Cause

No.	FOCUS AREA	ISSUE	Workshop Comments	ROOT CAUSE	Workshop Comments
			• Are they in place? • Are they just not done? • Are they not there at all?	**1.1** Change in level of care within TAC and skill set of staff not changed accordingly	**Agreed**
				1.2 Engagement of medical staff	**Agreed**
				1.3 Family / Carer - lack of understanding and education of clinical management plans	**Agreed**
				2.1 Historical rostering practices based on level of resident activity	**Agreed**
				2.2 Change in level of care within TAC and skill set of staff not changed accordingly	**Agreed (Resident activity)**
				2.3 Opportunities to maintain acute base skill sets	**Agreed**
			• **GP knowledge of available hospital avoidance services**	**3.1** Availability and ability to contact for services	**Agreed**
				3.2 Different GPs for residents and use of contracted GPs	**Agreed**
				3.3 Base location of GPs	**Agreed**
			• **Availability of staff with skills and owledge to provide effective dover**	**4.1** Content / use of form not valued by staff	**Agreed**
				4.2 Lack of local / outgoing structured handover	**Agreed**
				5.1 Lack of consistency between sites for the requirements for calling an ambulance	**Agreed**
			tended hours coverage of pital avoidance services	**5.2** Lack of knowledge of existing community service than can support	**Agreed**

Understanding and Access to Care Management Plans

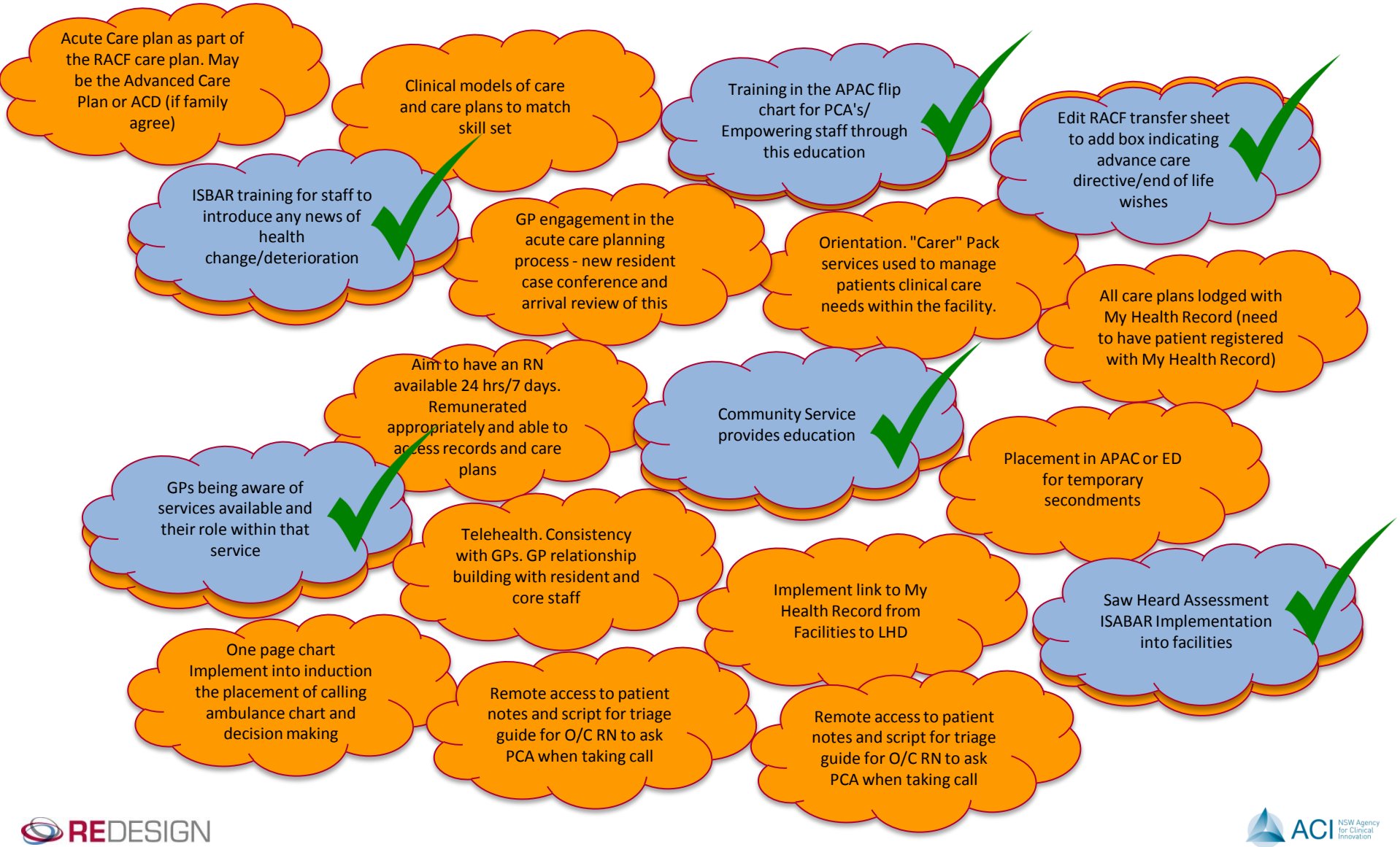
Staff not confident with management of acute care conditions

Limited Access and Costs to Services

Lack of Structured Handovers

Inconsistent Processes to Escalate Care Within Facilities

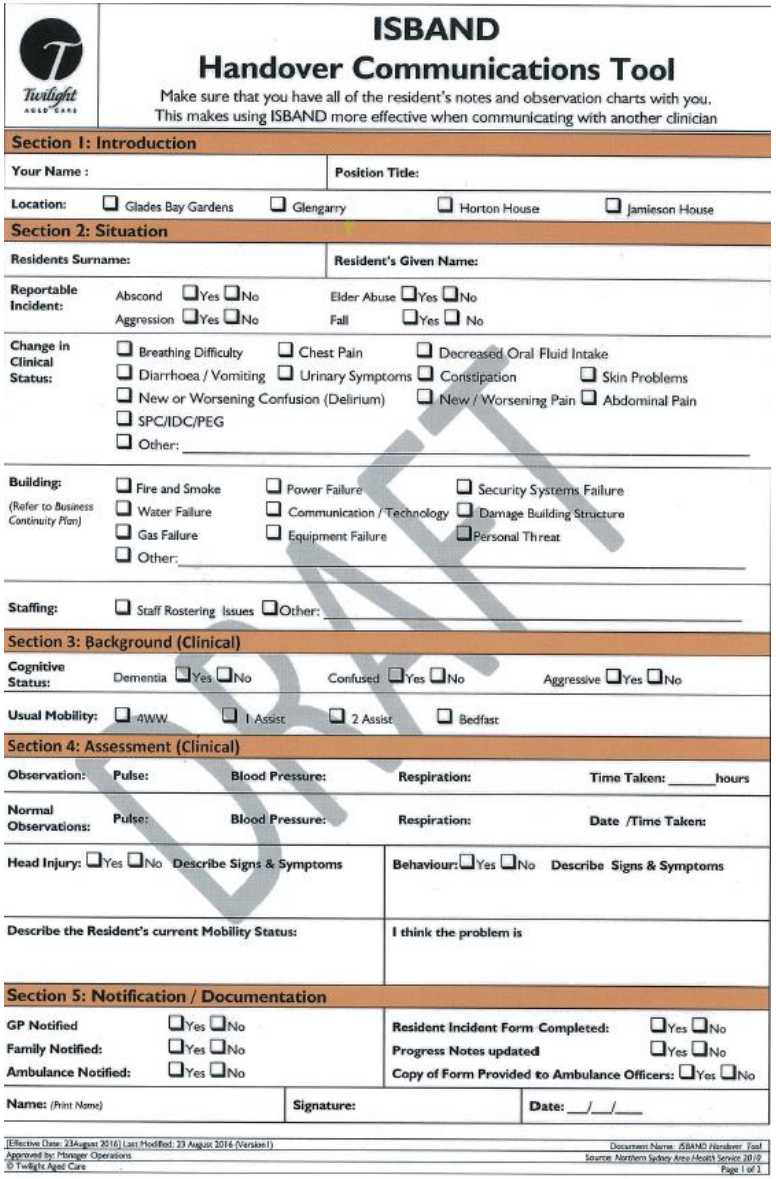
Summary of Key Solutions



Implementation of Solutions – ACD field added

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

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: ☐ Glades Bay Gardens ☐ Glengarry ☐ Horton House ☐ Jamieson House

Section 2: Situation

Residents Surname: | Resident's Given Name:

Reportable Incident: Abscond ☐Yes ☐No Elder Abuse ☐Yes ☐No
Aggression ☐Yes ☐No Fall ☐Yes ☐ No

Change in Clinical Status: ☐ Breathing Difficulty ☐ Chest Pain ☐ Decreased Oral Fluid Intake
☐ Diarrhoea / Vomiting ☐ Urinary Symptoms ☐ Constipation ☐ Skin Problems
☐ New or Worsening Confusion (Delirium) ☐ New / Worsening Pain ☐ Abdominal Pain
☐ SPC/IDC/PEG
☐ Other: _____

Building: (Refer to Business Continuity Plan) ☐ Fire and Smoke ☐ Power Failure ☐ Security Systems Failure
☐ Water Failure ☐ Communication / Technology ☐ Damage Building Structure
☐ Gas Failure ☐ Equipment Failure ☐ Personal Threat
☐ Other: _____

Staffing: ☐ Staff Rostering Issues ☐Other: _____

Section 3: Background (Clinical)

Cognitive Status: Dementia ☐Yes ☐No Confused ☐Yes ☐No Aggressive ☐Yes ☐No

Usual Mobility: ☐ 4WW ☐ 1 Assist ☐ 2 Assist ☐ Bedfast

Section 4: Assessment (Clinical)

Observation: Pulse: Blood Pressure: Respiration: Time Taken: _____hours

Normal Observations: Pulse: Blood Pressure: Respiration: Date /Time Taken:

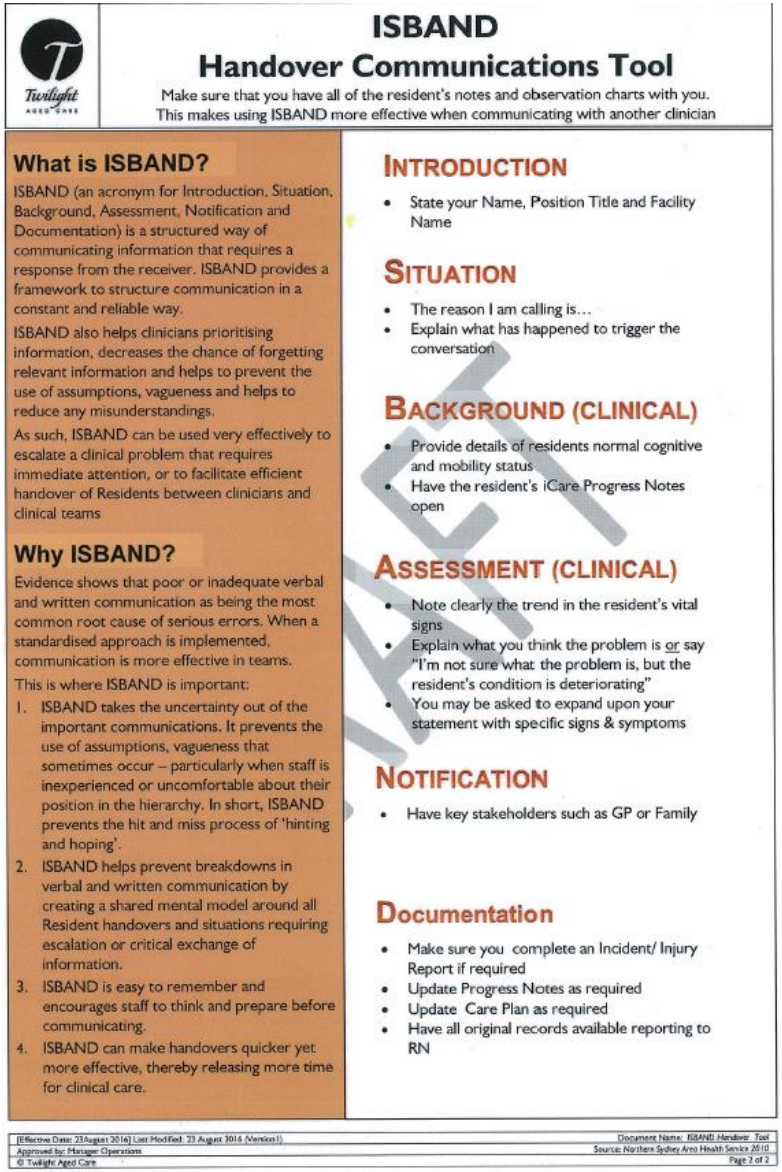
Head Injury: ☐Yes ☐No Describe Signs & Symptoms | Behaviour: ☐Yes ☐No Describe Signs & Symptoms

Describe the Resident's current Mobility Status: | I think the problem is

Section 5: Notification / Documentation

GP Notified ☐Yes ☐No
Family Notified: ☐Yes ☐No
Ambulance Notified: ☐Yes ☐No
Resident Incident Form Completed: ☐Yes ☐No
Progress Notes updated ☐Yes ☐No
Copy of Form Provided to Ambulance Officers: ☐Yes ☐No

Name: (Print Name) | Signature: | Date: __/__/____



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Handover Communications Tool

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What is ISBAND?

ISBAND (an acronym for Introduction, Situation, Background, Assessment, Notification and Documentation) 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 prioritising 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 as being the most common root cause of serious errors. When a standardised approach is implemented, communication is more effective in teams.

This is where ISBAND is important:

1. ISBAND takes the uncertainty out of the important communications. It prevents the use of assumptions, vagueness that sometimes occur – particularly when staff is inexperienced or uncomfortable about their position in the hierarchy. In short, ISBAND prevents the hit and miss process of 'hinting and hoping'.
2. ISBAND helps prevent breakdowns in verbal and written communication by creating a shared mental model around all Resident handovers and situations requiring escalation or critical exchange of information.
3. ISBAND is easy to remember and encourages staff to think and prepare before communicating.
4. ISBAND can make handovers quicker yet more effective, thereby releasing more time for clinical care.

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 residents normal cognitive and mobility status
- Have the resident's iCare Progress Notes 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/ Injury Report if required
- Update Progress Notes as required
- Update Care Plan as required
- Have all original records available reporting to RN

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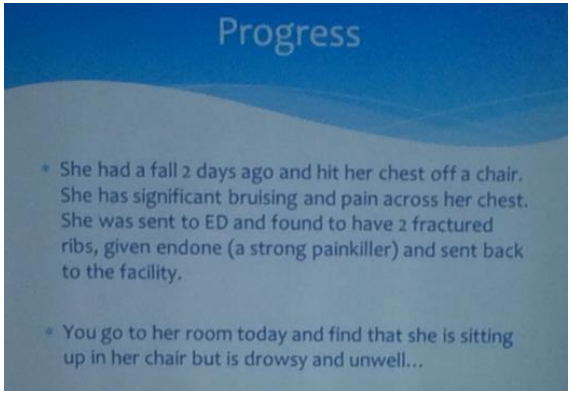
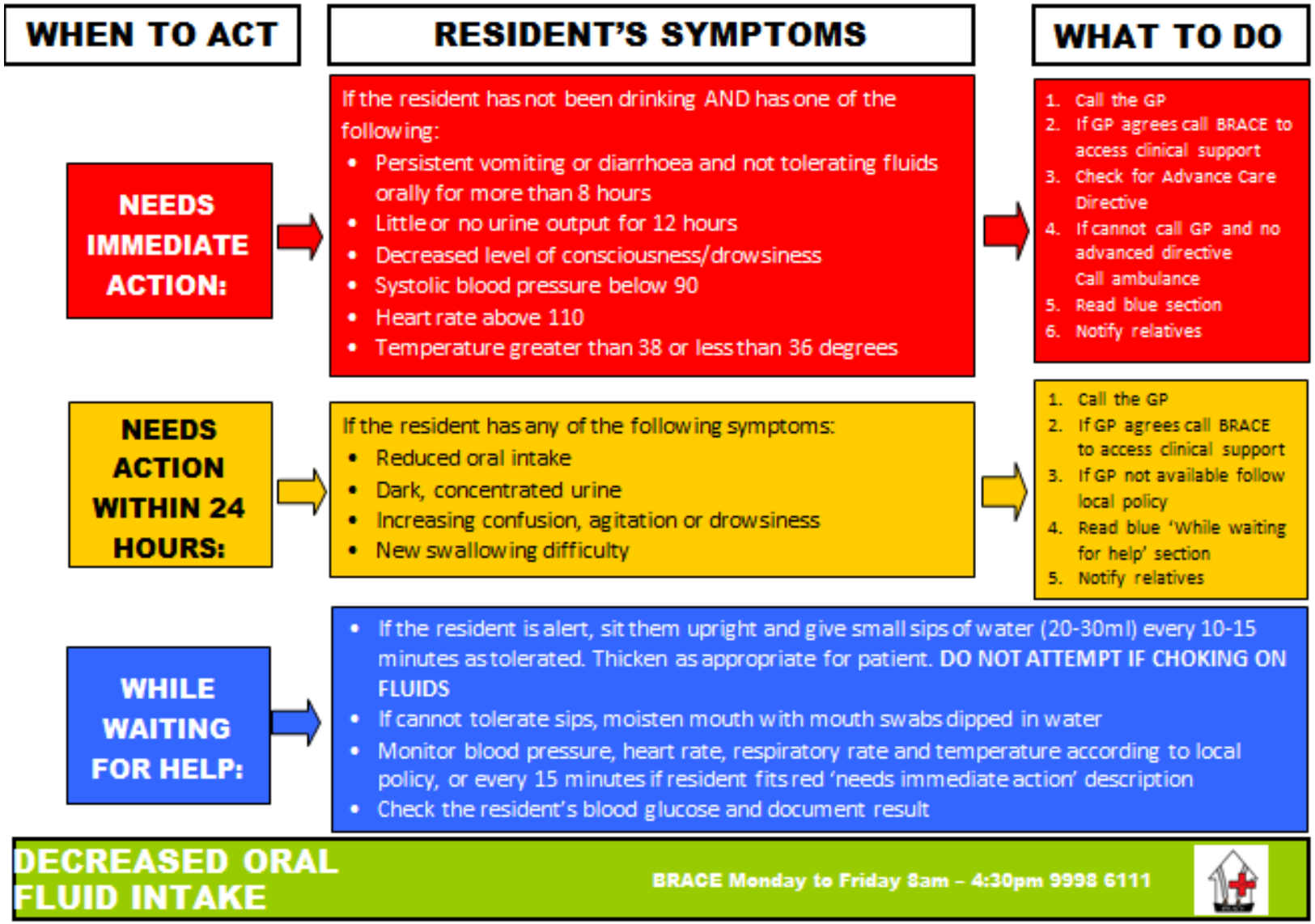
Implementation of Solutions - Education

Training in the APAC flip chart for PCA's / Empowering staff through this education



Implementation of Solutions - Education



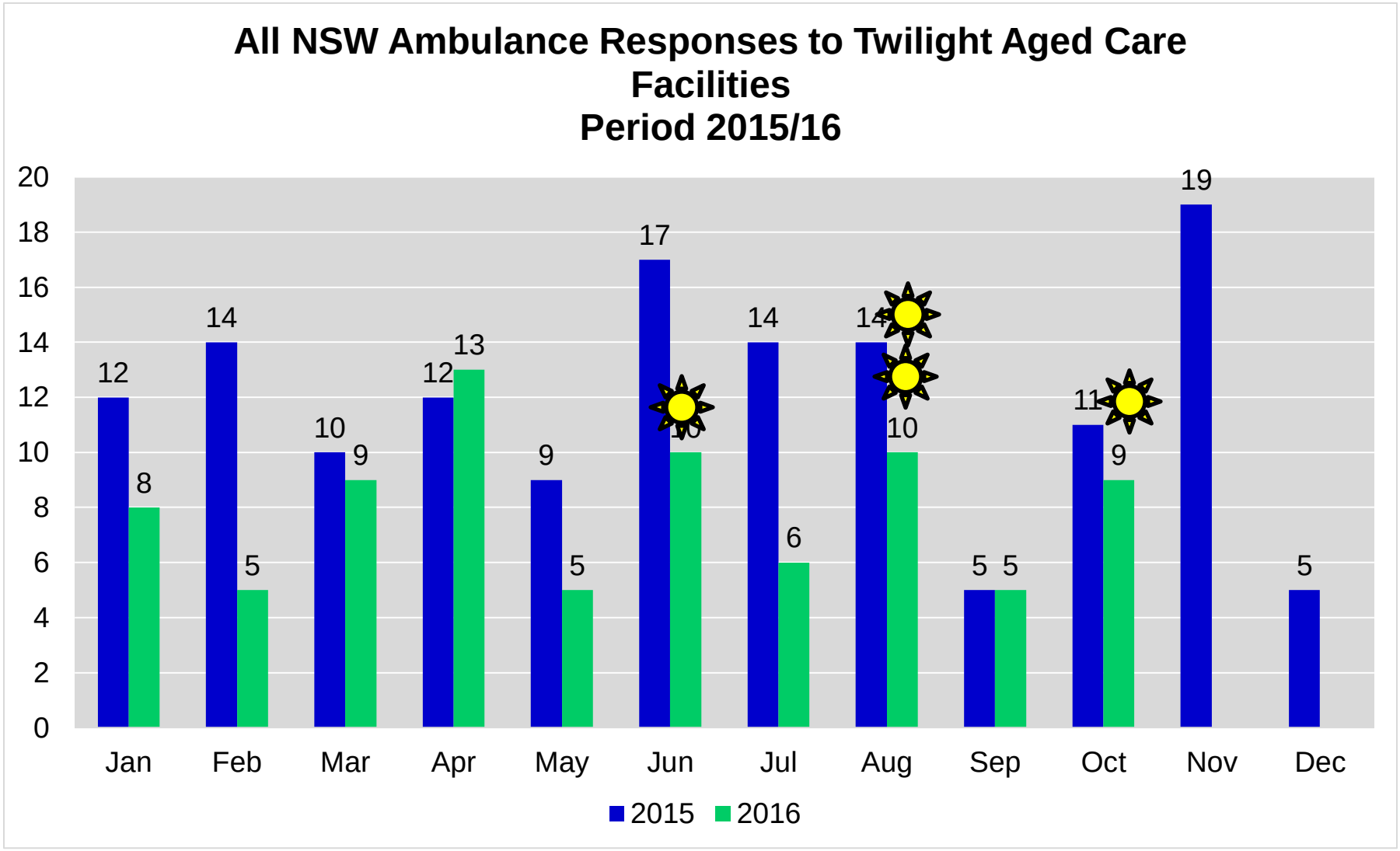
Communication

- 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

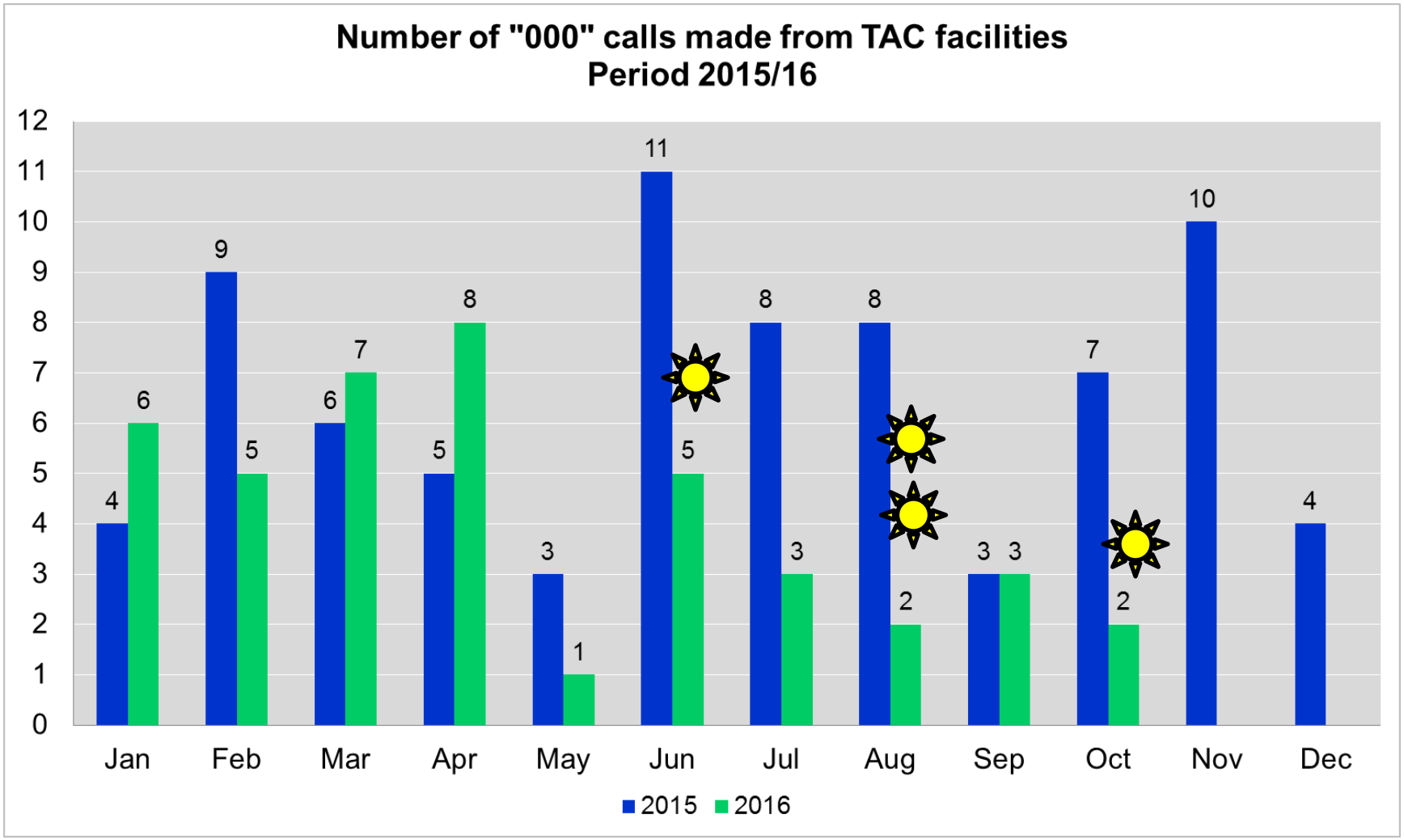
Risks and the Challenges during implementation

- 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



Initial evaluation



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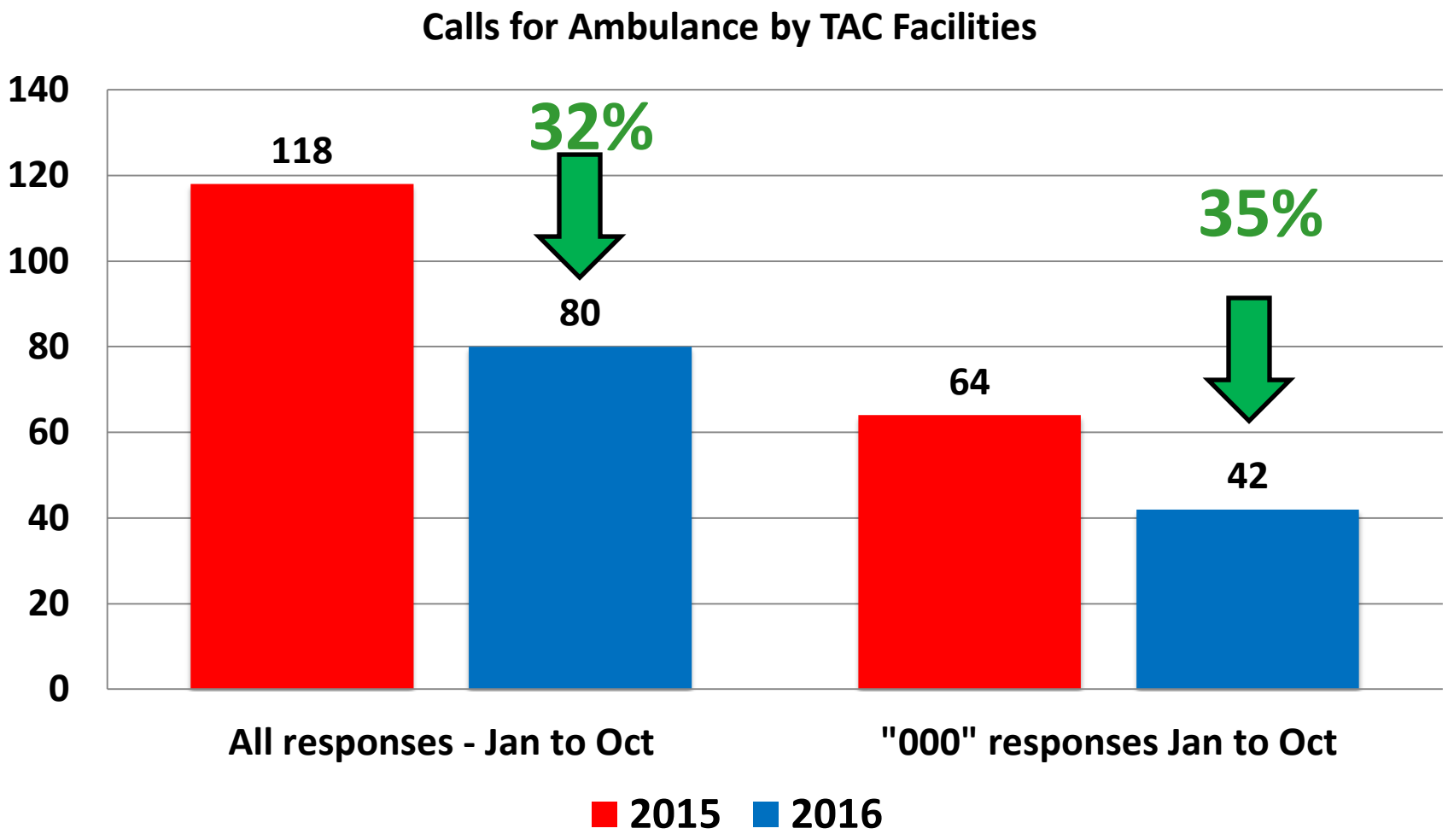

The Next Steps

Collaboration

Access

Referrals and **R**esponses

Education and **E**valuation