



Health

Hunter New England
Local Health District

Telehealth with RACFs:

closing the gap with acute and community

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John Hunter Hospital ED



- 78,084 patients presented to John Hunter Hospital's Emergency Department in 2016–17.
- The 796 bed hospital is the main teaching hospital of the University of Newcastle.
- John Hunter is the busiest trauma hospital in the state, and the second-busiest in the country.



Falls and Residential Aged Care Facilities

Each year around 8% of the Australian population aged over 65 are a resident in an RACF.

RACF residents are reported to have up to 5 times higher falls related injuries than their community counterparts.

(Harvey, Mitchell, Brodaty, Draper, Close. 2017)

The current situation

- The RACF resident is at increased risk in hectic Emergency Departments.
- RACF residents are exposed to, excessive tests and may suffer “iatrogenic complications” in ED (Marsden et al., 2017).
- They have longer ED length of stay and are more likely to be critically unwell and have higher admission rates.

The need for change

- There is evidence that removing residents from their RACF and placing them in an unfamiliar environment can cause distress and disorientation, thus exacerbating pre-existing conditions (Morphet et al., 2015).
- There is an increased risk of urosepsis, falls, delirium and death for the RACF resident by just presenting to ED's (Marsden et al., 2017)

Decision to send a resident to ED

- Studies have reported that more than 40% of residents from RACFs transferred to ED don't end up being admitted to hospital [\(Morphet et al., 2015\)](#)
- 1 in 2 ED presentations from RACFs are avoidable and could have been managed safely in the RACF [\(Jain et al., 2018\)](#)

Aged Care Service in Emergency Teams (ASET)

- The ASET team at JHH assist in falls prevention and treatment for the RACF resident.
- They answer calls from RACFs via the Aged Care Emergency (ACE) call system.
- 39% of all calls to the ACE Line relate to falls 2016-2017

ACE aims to

- Improve quality of clinical handover between RACFs and Emergency Departments
- Ensure the RACF resident is in the right place at the right time for the right reason.
- Ensure residents in RACFs receive quality care in the most appropriate setting.
- Reduce avoidable transfers to the ED.
- Reduce adverse effects of ED visits on elderly residents.

Telehealth

- The telehealth for RACFs commenced in February this year has shown improvements by taking the communication between RACFS and JHHED to a new level.
- This move follows the successful pilot project in Belmont Hospital in 2017 that won the HNE Excellence Award for Transforming Healthcare.

Developing Readiness

- Information
- Willingness
- Ability
- Confidence
- Control



Linking with SCOPIA



Person-centeredness

- Older people living with frailty are at high risk of harms related to their co-morbidities, their increased vulnerability means that they need person-centred care that considers all their needs and not just their primary diagnosis.

(NIHR research on older people living with frailty in hospitals, 2017)

References

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