Telehealth with RACFs: closing the gap with acute and community

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• 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.
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)
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
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)


