

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details

This information will be used only for contacting you in relation to this submission

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms X Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	Sir Charles Gairdner Hospital Residential Care Line Outreach Service
First Name(s)	Carol
Surname	Douglas
Contact Details	██████████

Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

- I do not want my submission published
- I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Residential Care Line (RCL) Outreach Service is a Nurse Practitioner (NP) led service that supports staff working in Residential Aged Care Facilities (RACF) with the over-arching aim of improving the quality-of-life of older people living in residential care. Upskilling and empowering RACF staff to better manage the older person's complex health care needs through, preventing unnecessary emergency department (ED) presentations, inadvertent avoidable hospital admissions, reducing length-of-stay and 'safe and effective' discharge from the public hospital.

RCL monitors ED presentations from RACF's; following up older people who were discharged back to the RACF from ED, aimed at;

- preventing representation,
- providing additional support to those facilities who have high presentation rates,
- analysing and understanding the health care gaps for older people,
- developing education packages to address the clinical needs, and
- designing innovative projects for the purpose of demonstrating positive outcomes to the patient and the whole of the WA health system.

What we know:

ED presentation data indicates an average of three presentations per day from RACF's across the Perth Metropolitan Area are admitted with diagnosis/symptoms secondary to advanced / end-stage chronic disease. 35 – 50% of presentations to ED from RACF's are as a result of falls.

It is well understood that;

- symptoms of chronic conditions place older people at increased risk of falling,
- hospital admissions often result in;
 - minimal short-term and no long-term benefit to the older person,
 - increased risk of falls, infections, morbidity, and
 - the older person returning to the RACF in a worse state.
- older people transferring to RACF's and 'Transitional Care' are at higher risk of representation due to the complex nature of their recent admission.

In summary older people are likely to have an improved quality-of-life if we are able to support the facilities to better manage their care needs in their own environment.

Quality Outcomes

Education is the key to improve health care outcomes. The RCL NP has developed an 'Education Framework' for RACF staff on clinical topics that place the older person at greater risk of avoidable clinical deterioration and ED presentation. Since implementation of the Education Framework in March 2017 RCL has provided over 500 staff with this education.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

A Quality Improvement Project undertaken in 2012 tested the benefit of a NP service within the RCL outreach service model. This project demonstrated significant benefits to the older person through improved quality-of-life and the whole of the WA health system with the fiscal benefit of avoiding an emergency department presentation. In one RACF the ED presentation rate dropped by 75% over the eighteen months of the project. The primary intervention was the development of individually designed 'Clinical Treatment Plans' (CTP) that managed the older person's symptoms, avoiding unnecessary clinical deterioration and action plan to manage the escalating symptoms in a timely manner. The development of these CTP involve: clinical assessment, gathering a history from previous ED presentations, family, GP and facility staff, ordering investigations, diagnosing, prescribing and de-prescribing and communicating the plan with all parties, educating staff in the implementation and evaluation of the plans. These CTP are in line with the WA health 'Goal of Care' project.

Gaps in Service

It is well know that discharge planning is global problem and impacts on the safety and quality of health care and the well-being of many older people. Many health services around the world have invested resources to improving this process. Given that over 50% of hospital admissions are over the age of 65 years then it is essential we consider opportunities to improve discharge planning. RCL has developed three tools to help communication with the two health sectors; 'Transfer Envelopes', 'Outpatient Appointment Letter' and 'Hospital Contact Details' though there is a great deal more work still required.

When an older person's health condition changes/declines and there is no clear clinical plan, staff working in the RACF's feel they are faced with little choice but to send the resident to the hospital. This highlights the need to expand the development and education of 'Clinical Treatment Plans'.

Recommendations

Design innovative project improving the safety and quality of the health of older people:

- Establish an Aged Care Network aimed at improving outcomes for older people in WA.
- Engage with stakeholders, for example Aged Care Peak Bodies to improve our health systems for example discharge process.
- Supporting service models like RCL that have demonstrated benefits and have an invested interest in supporting RACF staff to better support the older people in their own environment; through;
 - Increasing the uptake of 'Clinical Treatment Plans' in line with the 'Goal of Care' forms through expanding the NP service.
 - Increasing education,
- Investing resources in expanding Telehealth, optimising access hospital based services\specialists and improving health outcomes.