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## CONFERENCE ABSTRACT

### **Analysis of hospital avoidance program service events and the utilisation of hospital services by aged care residents**

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#### ***Introduction***

Ensuring health care systems are effective and sustainable requires the development and evaluation of innovative care models. This is especially true for older persons in residential aged care facilities (RACFs), a vulnerable group at risk of poor outcomes when transitioning between RACFs and Emergency Departments (EDs). Hospital avoidance programs (HAPs) support facility-based management of older people at risk of hospitalisation due to acute illness or functional decline. An existing HAP, the Aged Care Rapid Response Team (ARRT) comprising a geriatrician, an aged care community registrar and clinical nurse consultants, that provides rapid outreach services for RACF residents at-risk of hospitalisation, has not been formally evaluated. This study aimed to evaluate the effectiveness of ARRT, and identify factors that influence care transitions for residents moving between RACFs and hospitals.

#### ***Method***

An analysis of ARRT service events, emergency department (ED) presentations and hospital admissions from 1st July 2015 – 30th June 2018 for RACF residents aged  $\geq 65$  years residing in a single local health district in Sydney, Australia was conducted. ARRT serviced 43 local RACFs, encompassing > 3,000 beds.

#### ***Results***

There were 1,435 residents who received 5,898 service events. Service events predominantly involved RACF visits by ARRT members (57.3%) and phone calls with care providers (25.3%). The main reasons for referral were skin ulcers (28.0%), pressure injury (14.0%), and catheter issues (9.7%). Treatments commonly employed included discussion with RACF staff (67.4%), wound assessment/management (41.7%), and discussion with general practitioners (17.3%). Service events concluded with residents remaining at RACFs on 5,013 (85.0%) occasions. Hospital attendance was potentially avoided on 2,834 (48.1%) service occasions. Service events involving hospital transfers and resident mortality were infrequent: 179 (3.0%) ED transfers, 18 (0.3%) direct hospital admissions, and 34 deaths.

#### ***Discussion***

The challenging nature of care transitions for older people between RACFs and hospitals requires innovative service design. HAPs may achieve this by providing an access point between RACFs and hospitals. RACF staff

in Northern Sydney have a dedicated HAP team who will rapidly provide outreach services and acute resident management. This bypasses a service gap where information breakdown and care fragmentation frequently occur.

### ***Conclusions***

Exploratory analysis of ARRT service events demonstrated successful RACF-based treatment of residents and a low number of ED presentations and hospitalisations over the three-year study period. The characteristics of referred residents and the treatments employed suggest that the care model is effective for acute conditions requiring rapid treatment.

### ***Lessons learned***

In the context of existing model evaluations, the rapid assessment of acute conditions in RACFs is a promising approach to hospital avoidance.

### ***Limitations***

Hospital avoidance as an outcome of service events were based on the clinical judgements of the HAP team. This limits the ability to understand the effects of the HAP on hospital avoidance over time.

### ***Future research***

Investigation of resident health outcomes, clinical trajectories and stakeholder views will allow a more detailed analysis of hospital avoidance in RACF residents and the service elements that influence care transitions.