

CONFERENCE ABSTRACT

How an Emergency Department based Aged Care Service supports care across the continuum

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Introduction: Hospital Emergency Departments (EDs) experience high presentation rates from older adults residing in Aged Care Facilities (ACFs), yet few intervention studies have addressed the specific care needs of this vulnerable, high-risk population.

This paper presents Mater Aged Care in an Emergency (MACIAE), a service dedicated to supporting aged care facility residents, their families, facility carers and GPs, with the goal of providing a seamless care transition between primary and tertiary sectors in order to ensure the highest and safest standard of care with the upmost compassion and dignity. The program was designed with patients and families/ carers, Aged Care Facilities, local general practices, Primary Health Networks, ambulance services, hospital providers and researchers.

Methods: The 12-month MACIAE study was implemented during 2013-2014, with follow-up during 2015-2016. All older adults presenting from ACFs to the ED of Mater Hospital Brisbane, Australia were included. The evaluation was a pre/post design using retrospective baseline data from hospital records, and prospectively collected post-implementation data. The objectives were to determine whether this intervention significantly impacted on patient outcomes and organisational outcomes. Families and patients excluded within this study due to ethical constraints of discussing potential end of life issues and limited cognitive capacity amongst the majority of the population of patients.

Ethics approval for the study was obtained through the mater Research Ethics Committee.

Results: This study demonstrates the significant improvements can be achieved by a specific aged care service working across the continuum.

A total of 1130 participants from over 200 ACFs were included. The intervention resulted in a 30% drop in ward admissions to currently less than 36% (national average in this population 60%); reduced LOS from 6.5 to 4.0 days (national average 8.0 days). 28-day representation rates also dropped from 17.8% down to 4.6%, 88% of patients commenced on an End of Life pathway were able to be transferred to their environment of preference and there were over

300 Advanced Care Plans implemented. Satisfaction from acute, primary care and ACF providers was very high. A cost-benefit analysis demonstrated a 10:1 outcome.

Lessons learnt: Key to designing, implementing and sustaining this model of integrating care are leadership - both clinical and executive, time - it took longer than you think at the outset to embed, data speaks louder than words and passion - to keep you going through the tough times.

Limitations: The present study involved a pre-post implementation study design, therefore we cannot speculate whether or not our results were entirely due to the MACIAE service implementation. Future studies should consider implementation of a Randomised Controlled Trial. We also note that our project was implemented in only one hospital.

Suggestions for future research: In November 2017, the Older Person Centred Care Team formed merging three teams focused on managing frail and older patients and families/carers across the continuum. Future research is focused on rapid assessment of frailty, embedding a case management approach to support care closer to home and involving patients/ families/ carers in decisions about a model that meets their future needs.

Keywords: frail; older person; residential aged care; case management
