EVALUATING THE EFFECTIVENESS OF AN OUTREACH SERVICE TO AGED CARE FACILITIES

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Introduction

Background

- Over 215 000 people reside in aged care facilities (ACFs).
- Potentially avoidable hospital presentations – 13% – 23%.
- 30-day readmission 12.9%.
- 6-month readmission 40%.

Geriatric Rapid Evaluation and Treatment (GREAT) Service

Referral to GREAT service

- Hospital: geriatrics, medical and surgical sub-specialties
- Emergency Department
- ACFs
- GPs

Triage

- Receive referrals via phone or fax

ACF visit by:

- Nurse Practitioner
- Clinical Nurse Specialist
- Geriatrician
- Geriatrics advanced trainee

ACF visit

- Assessment
- Collaborate with GP and ACF staff to establish management plan
- Facilitate direct hospital admission
- Refer to specialty clinics

Aims

- Describe patient baseline characteristics
- Evaluate impact of GREAT service on patient, family and staff experiences and its outcomes.
- Analyse health care resource utilisation before and after introduction of GREAT service

Methods

- **Prospective cohort study**

combined with

- **Cross sectional survey**

Methods

- **Baseline characteristics:**
  - Demographics
  - Charlson Co-morbidity index
  - Functional status
  - Reason for referral
  - Referrer
  - Intervention provided, outcome
  - Length of stay in service

Methods

- **Satisfaction questionnaire:**
  - Assess the utility and feasibility of the service.
  - Distributed amongst patients and families, ACF staff and GPs.
  - Likert scale and unstructured feedback.

Methods

- **Statistics:**
  - Continuous variables expressed as means ± standard error of mean.
  - Categorical variables summarised as frequencies, percentages.
  - Qualitative data: thematic qualitative methodology.

- **Ethics:**
  - Approval obtained from Western Sydney Ethics Research Committee.

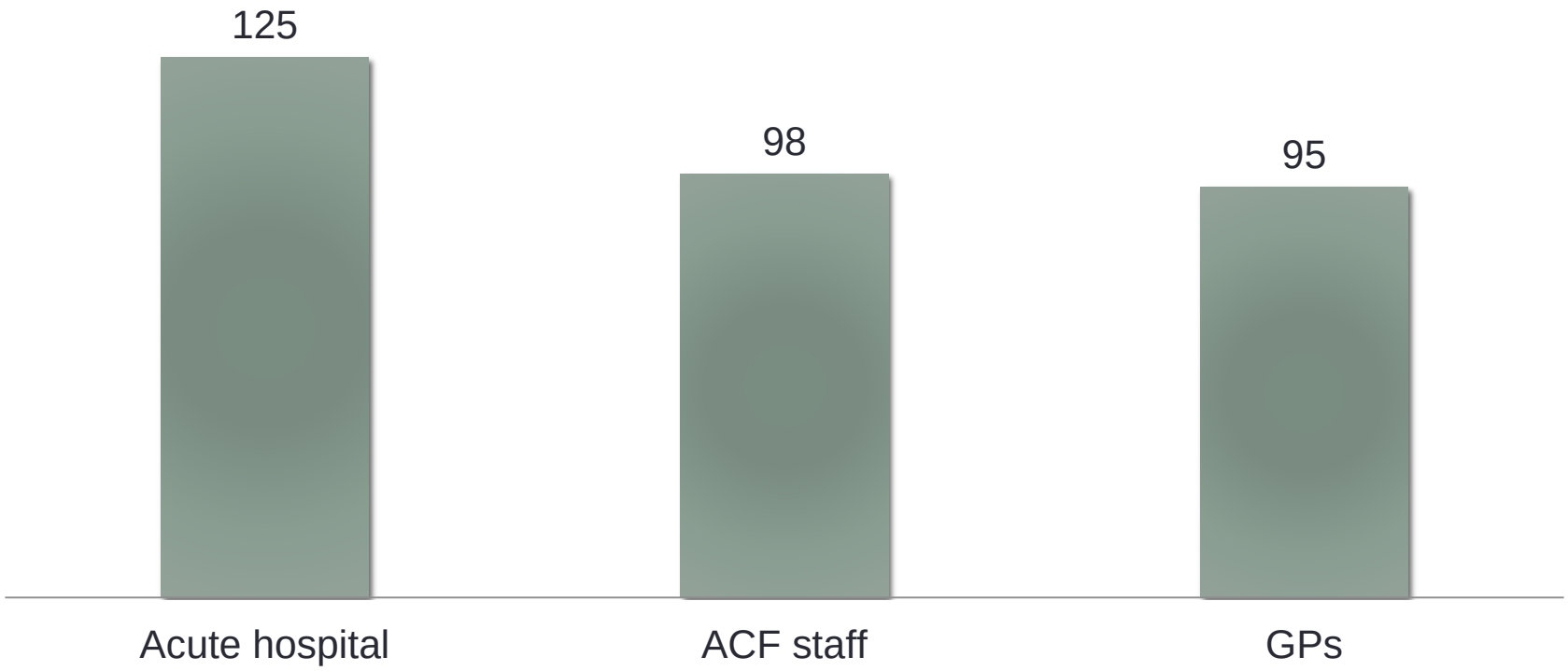
Results

Demographics

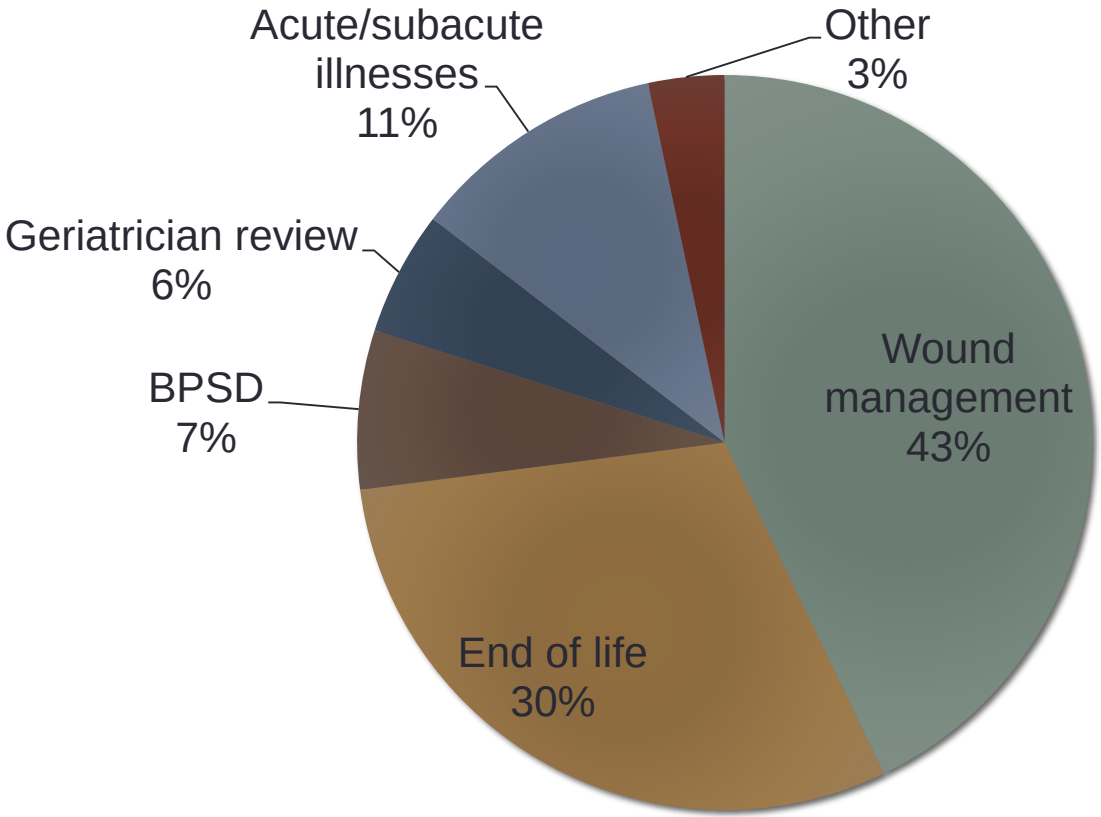
- 330 patients
- Mean age 83.4 (range 42-103, SD= 8.7)
- Top 3 languages: English, Chinese, Arabic.

- Cognition
  - 53% dementia
- Functional status
  - 47% bed bound
  - 9.7 % independent
- Co-morbidities
  - Charlson co-morbidity index 6.2 (SD= 1.9)
- Medications
  - 9 or more(SD= 1.9)

Sources of Referral

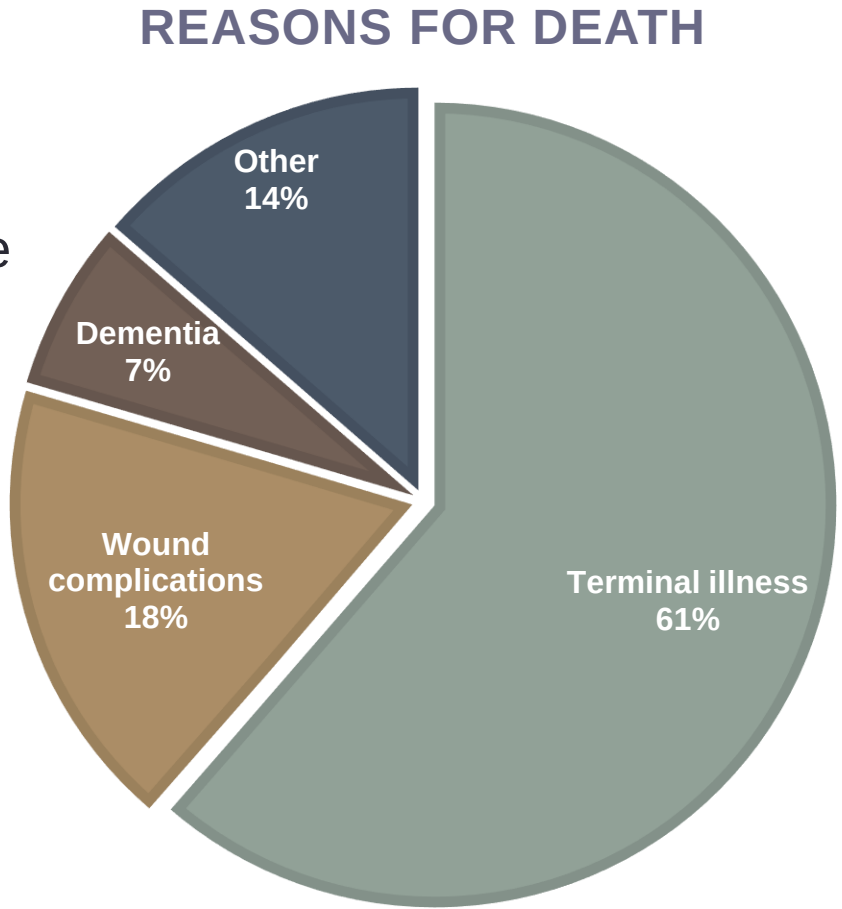


Reasons for Referral

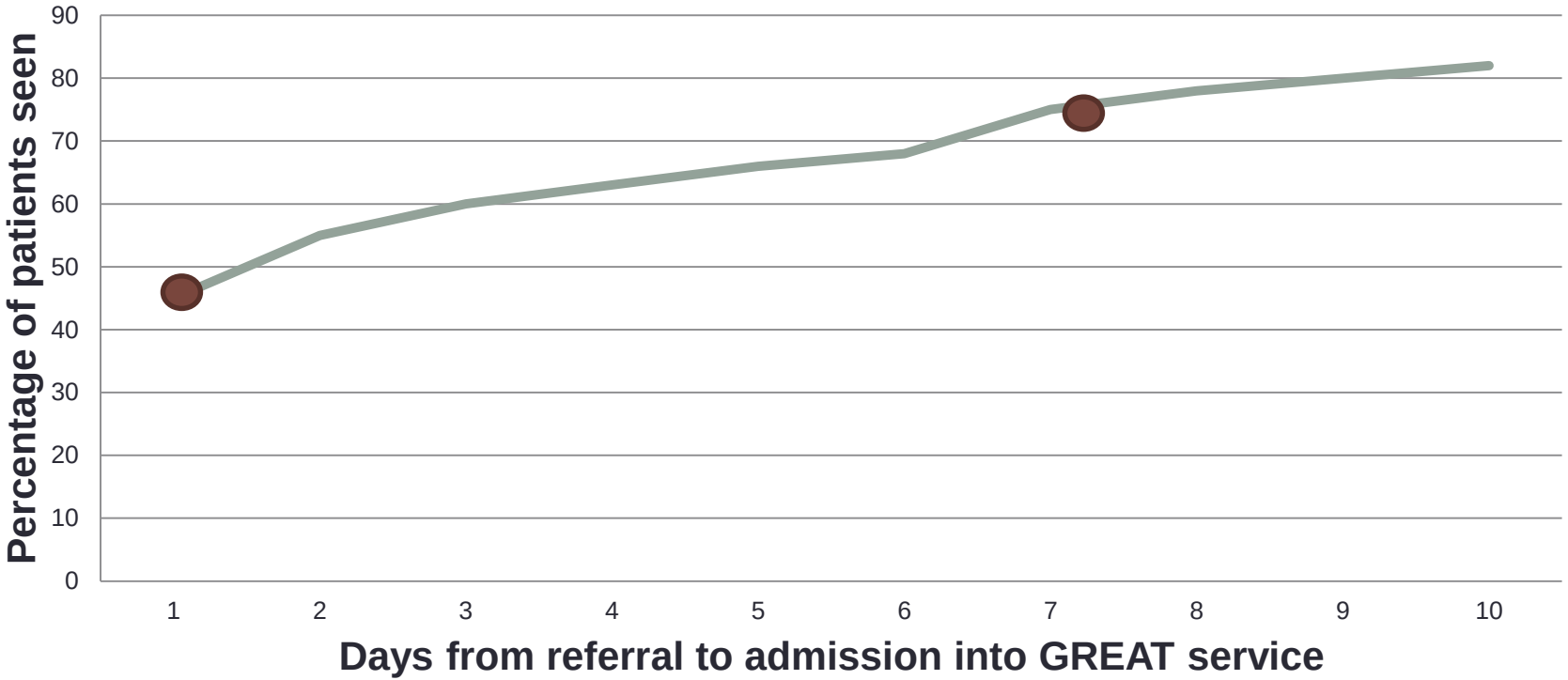


Mortality

- Mortality rate 13.3% (n=44).
  - 68% were receiving end of life care (n=30).



Time to review



Questionnaire

- **Patient/ family satisfaction questionnaire (n=10)**
  - 100% felt service had helped with problem
  - 100% agreeable to have service involved in their care in future.

- **ACF staff satisfaction questionnaire (n=46)**
  - 96% agreed that service helped with patient's problem.
  - 86% felt that service prevented unnecessary hospital admission.
  - 93% would refer to the service in the future.

- **GP satisfaction questionnaire (n=3)**
  - 100% agreed that service had assisted with patient's problem.
  - 100% agreed service prevented an unnecessary hospital admission.

Positive perceptions of the service

Valuing support and structure

ACF staff:
"Outreach staff had excellent skills/knowledge with wound management. Clear instructions and report was given to ACF staff and there was regular follow-up via further visits or by phone…"

Responding with confidence

ACF staff:
“Gave positive feedback regarding wound care we provided at ACF with limited resources. They were non-judgmental and gave clear instructions”.

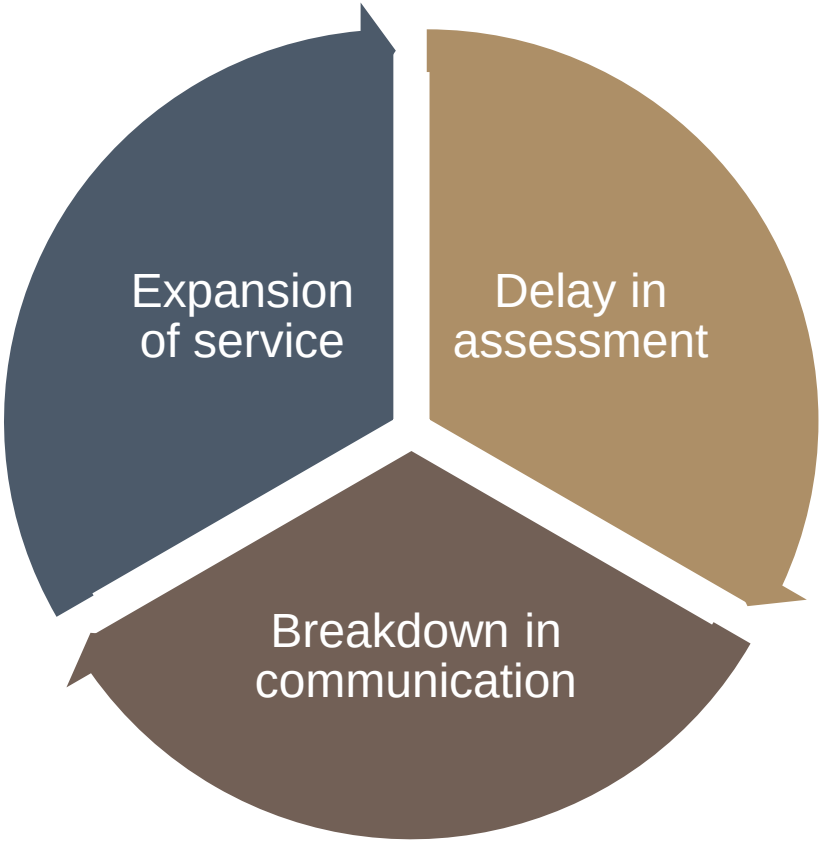
Improved capacity and clinical skills of staff

ACF staff:
“GREAT team are very approachable and helps facility with urgent education. It is a big help especially with our new grad RNs”

Avoidance of unnecessary hospitalisation

Family:
“I felt more at ease about situation with feedback on the progress and understanding what needs to be done. It meant my grandfather didn’t need to go to emergency for treatment…”

Barriers to success



Delay in assessment

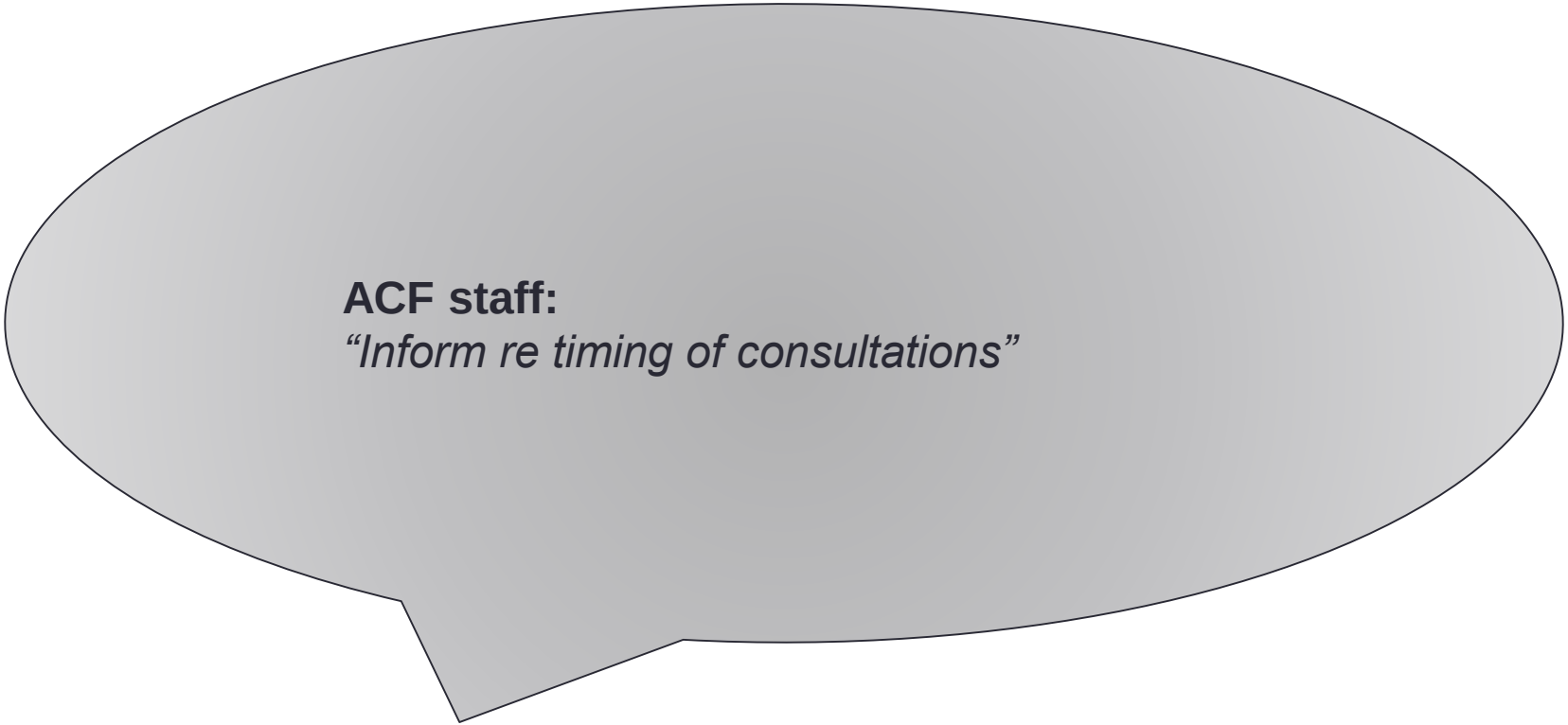
ACF staff:

“Not available straight away for advice and support”

Expansion of service

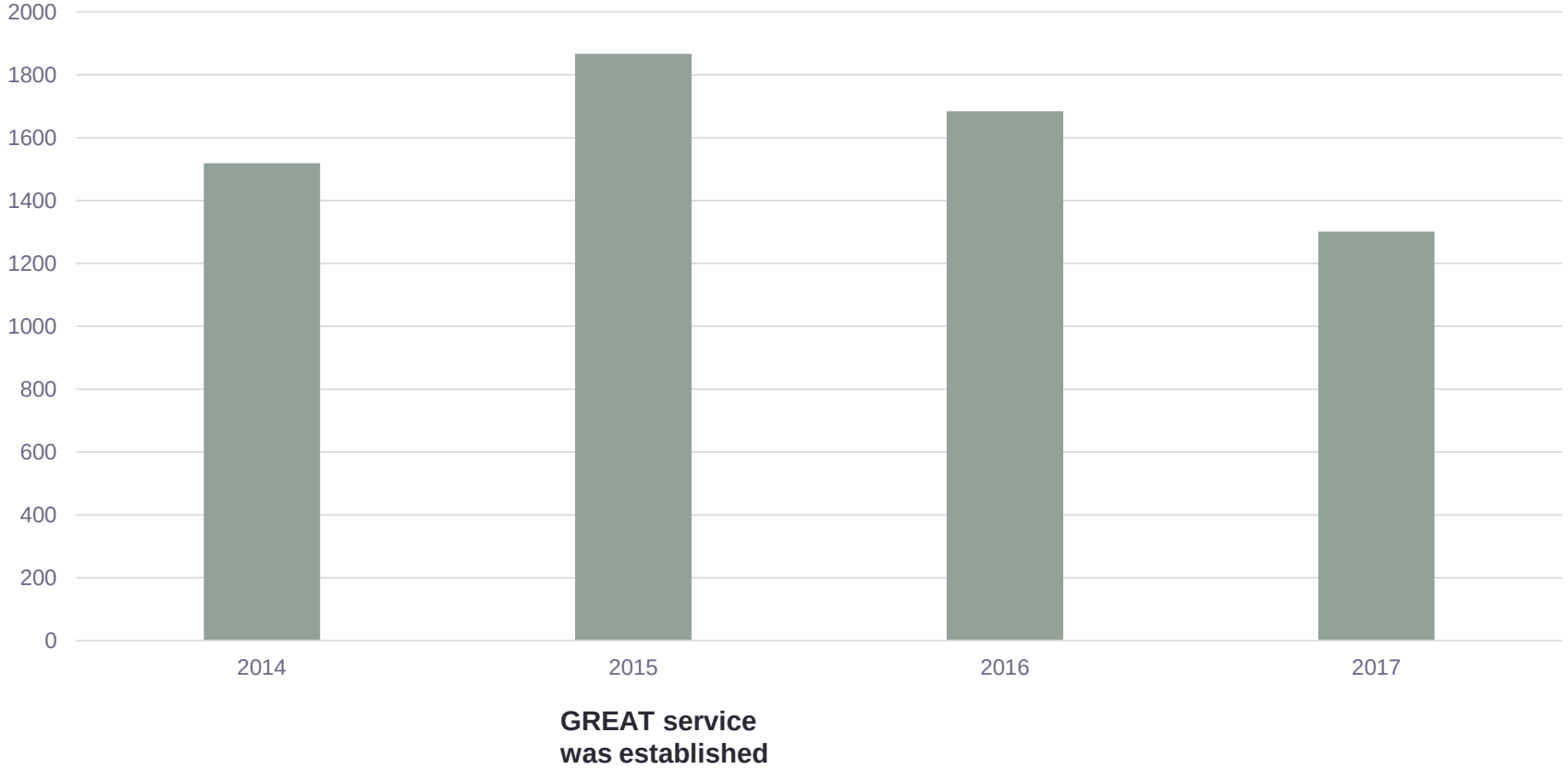
ACF staff:
“Increased funding and more manpower… larger team with ability to visit and support RACF teams afterhours and weekend which is often the time ACF residents are transferred to hospital due to decreased nursing staff and little to no medical cover”.

Breakdown in communication

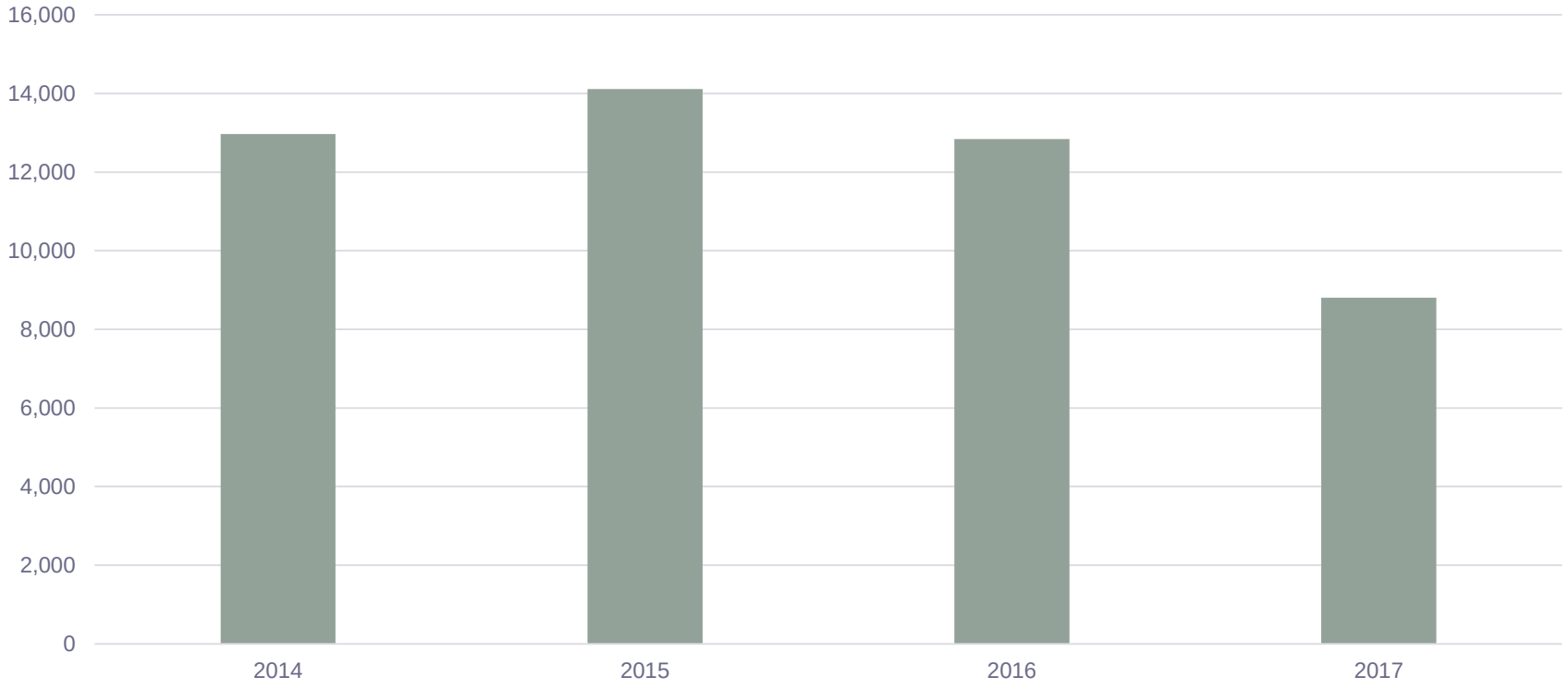


Health care utilisation

Hospital Presentation by ACF residents



Hospital length of stay by ACF residents



Discussion

- Growing ageing population
  - → movement to providing care in community.

- Strengths of the service:
  - Chronic disease management
    - Wound care
    - End of life
  - Specialist care provided by both medical and nursing staff

Study limitations

- Limited survey responses from GP’s and family
- Short follow-up period

Future for GREAT service

- Sustainability
- Succession planning

Acknowledgements

Questions

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