

AV at RACFs

Putting Older People First



Session Aims

1. Provide an overview of AV's focus on providing better care to older people, which includes use of telehealth
2. Link to the key themes of the Aged Care Quality and Safety (2021) report:
 - Place the older person at the center of their care
 - Allow individuals to exercise choice and control
 - Provide equitable and timely access to care
 - Improve access to individualised end-of-life care
3. Provide an overview of the 'Save 000 for Emergencies'

Bringing the Emergency Department to the RACF

- Victorian Government funded 'Emergency Department' telehealth service
- Free to access statewide, all age groups, available 24/7
- Service led by Emergency Medicine Consultants
- Geriatrician, Emergency Registrar, Nurse Practitioner Older Person/Palliative
- Not replacing local specialist services*



VVED Healthcare Professional Pathway



RACF staff or GP refer directly

Nurse or GP conducts clinical assessment and refers directly to VVED*



AV Point of Triage Referral

Triage Practitioner conducts telephone clinical assessment and refers RACF caller directly to VVED*



AV Onsite Ambulance Referral

Ambulance crew attend onsite, conducts clinical assessment and refers directly to VVED

**VVED will organise an ambulance if transfer to ED is required post consult*



VVED Consult

Benefits

- Access to early emergency medical assessment and treatment
- Provide advice on emergency care options available
- Facilitate complex conversations with patient and/or family
- Reduce risk of delirium and other hospital acquired health impacts
- Enhanced safety netting and access to services for patient review
- Improve clinical skills of AV and RACF staff



RACF Case Example

Unwitnessed Fall with Head Strike

- 90 y.o. male, found on floor of bedroom post fall
- Generalised pain with minor head laceration and skin tear to arm
- Falls risk: cognitive impairment, history of falls
- Medication risk: Clopidogrel (anti-coagulant)
- VVED consulted with family regarding goals of care and provided information on:
 - the risk of brain injury (bleed)
 - if a CT brain was indicated
 - what treatment would be recommended if present (palliation)
 - overall risks versus benefits of ED transport
- Shared decision with family for RACF nurse to conduct neurological monitoring
- RACF to contact RIR or VVED to review shared care plan if deterioration occurs

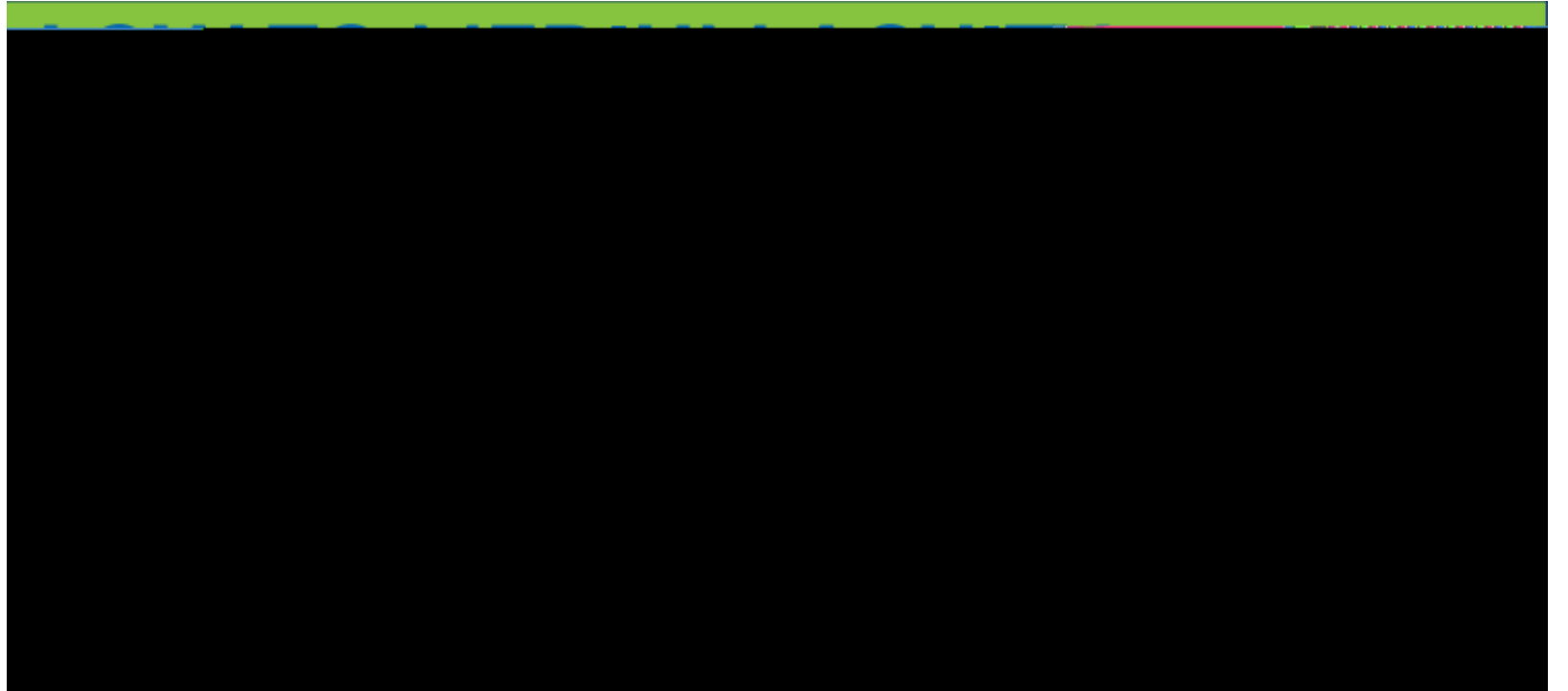
RACF Case Example

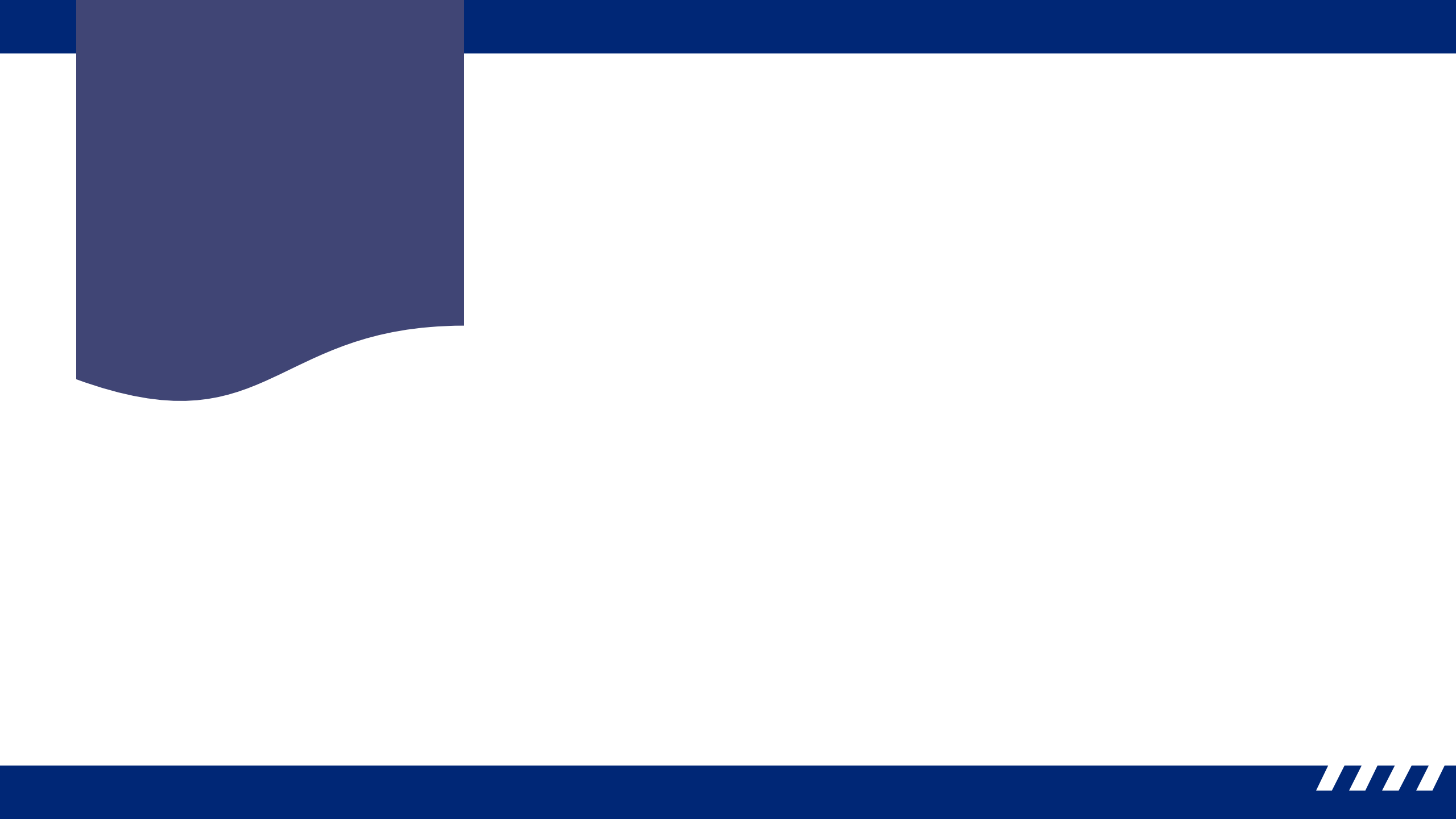
Acute Stroke

- 96 y.o. male, presenting with slurred speech, one-sided arm and facial weakness and reduced conscious state
- Advanced Care Directive - transfer to ED only if in severe i10000SBT/F



Save 000 for
Emergencies





Palliative & End-of-Life Care

PALLIATIVE & END OF LIFE CARE

REFERRAL OPTIONS

1. GP -

The collage features several logos and text elements: a rainbow logo with the text 'Palliative Care', a logo with a tree and the text 'Community Advice Service', the phone number '1000 300 000', and the text 'Palliative Care Advice Service'. There are also some smaller, less legible logos and text fragments.



VVED RACF



Summary

Providing the right care, at the right time and in the right place

- Think 'home' first for the delivery of the care
- Importance of understanding resident's goals of care
- Refer to Residential In-Reach when available
- Refer to VVED when In-Reach is not available
- Save Triple Zero (000) for emergencies





