Aged Care Facility outreach service with visual telehealth consultation: An implementation study

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The PACE-IT Project

Background

Nancy is one of the 201, 000 residents who live in Residential Aged Care Facility's (RACF) in Australia that may potentially be transferred to an ED

This figure has increased by 17% over the past decade and will continue to increase as our population ages

Transfer of RACF residents to ED is common, risky, and expensive



Aged Care Emergency (ACE)

24-hour nurse-led telephone support Evidence based decision tools for symptoms Establishing purpose of ED (goals of care)

Case management in ED

Training and education of RACF staff

Community of practice supporting relationships: RACF, PHN, Ambulance, LHD

Ongoing change management and coordination by PHN and LHD



Aims

What we aimed to achieve in undertaking the PACE-IT MoC were these three aims;



Implement and evaluate the MOC



Assess the acceptability of the MOC as well as any barriers and enablers Explore the experience of the MOC from the perspectives of residents and family in relation to their level of involvement in decision- making, the management plan, communication and outcomes.

The Intervention

Augmentation of the existing ACE service with the addition of;

Visual Telehealth Consultation (VTC) and assessment

Structured ISBAR handover and documentation education

An automated notification letter to the GP and the RACF

A follow up phone call 24 hours post visual telehealth consultation

The Implementation

Clustered randomised stepped wedge controlled trial

Each cluster comprises of 2 RACFS partnered with one ED, each cluster commenced implementation at 4 weekly intervals starting June 2020 and finishing Jan 2021





Primary Outcome

- The rate of ED presentations from RACFs per 100 RACF beds during ED ACE hours
- Secondary outcomes:
- Presentations to ED within 48 hours post ED ACE/VTC
- RACF staff perceptions of VTC usability and acceptability
- Uptake of ACE/VTC
- Economic analysis

Results Primary Outcome 113 VTCs attended during the project period

Reduction of 29% per 100 RACF beds during ED ACE hours (not statistically significant) (negative binomial regression)

Reduction of 69% in the odds of an episode of care resulting in an ED presentation within ED ACE Hours (statistically significant p=0.025) (post hoc logistic regression)

Results Usability and Acceptability 44 survey respondents (39%)

88% strongly agreed or agreed that it was easy to set up

90% strongly agreed or agreed that it was easy to use

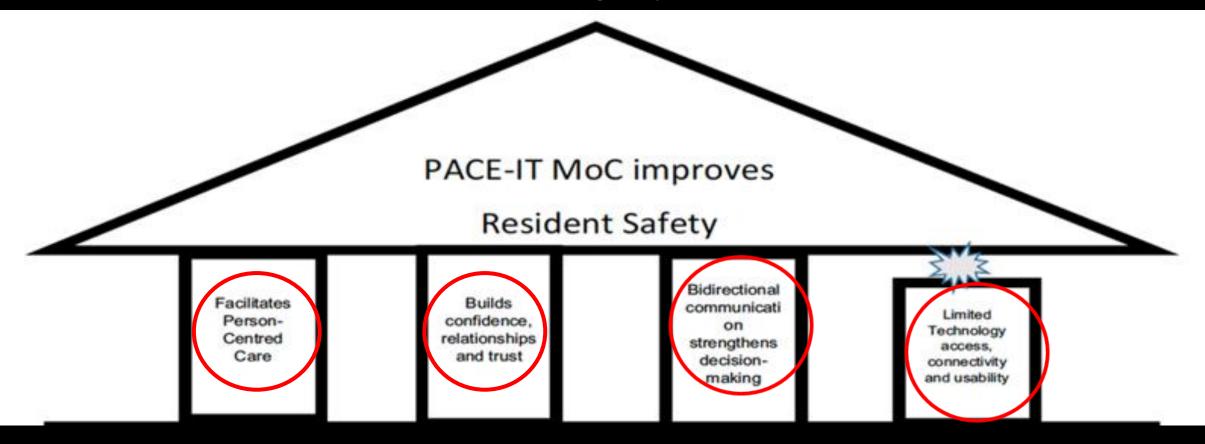
72% strongly disagreed or disagreed that it was too time consuming

100% indicated that the Telehealth ACE service enhanced communication

97% felt it provided a more person-centred approach

Experiences of RACF and ASET Nurses

Six focus groups



Challenges to Sustainability

Evidence for a clinical need for Visual Telehealth Consultation

- Technology barriers exist
- The value-Managers versus RACF/ASET nurses
- Impact on the nurse roles
- Organisational input
- Wider systems
- Adaption over time



Where to now?



Scheduled sustainability and Scalability Forums



Examine the cost-consequence to help strengthen the MoC feasability



Identify adaptions required to optimise the model and support sustainability



Thankyou to the research team

More information

PACE-IT Hunter New England Health Service <u>https://www.hnehealth.nsw.gov.au/our_services/telehealth/pace-it</u>

Publications can be found here; https://www.newcastle.edu.au/profile/carlasunner#publications

Linked in Profile www.linkedin.com/in/carlasunner

Member of the HMRI Healthcare Transformation Research Program

https://hmri.org.au/research/healthcare-transformationresearch

