



## FACT SHEET

# Residential Aged Care Facility

NSW Ambulance has identified collaborative opportunities with Residential Aged Care Facilities (RACF) to strengthen systems to support RACF staff and paramedic decision making that will complement care options for those residents presenting with non-life threatening illness or injury.

In this program, NSW Ambulance liaises with Local Health Districts (LHDs), Primary Health Networks, local Aged Care Emergency Triage services and the resident treating clinician in order to provide the patient with the right care at the right time in the right place. The types of initiatives this program offers includes the use of Advanced Care Directive/Advance Care Plan or NSW Ambulance Authorised Care Plan that may result in the resident being offered alternatives to transport to the emergency department.

For residents who may not have a care plan in place, RACF staff are encouraged in the first instance to contact the resident's General Practitioner (GP) or the After Hours Medical Service provider if appropriate, or alternatively linking with the local Aged Care Emergency Triage Service as relative to the location of the RACF. In general, the Aged Care Emergency Triage services are able to provide clinical advice and support through experienced aged care registered nurses and work closely with inpatient teams, community services and the resident's regular GP.

The aim of this approach is to provide the best care for RACF residents in the most appropriate, familiar setting and avoid unnecessary transfers to hospital. Research has shown that some treatment for aged care patients is best completed in an environment familiar to them. Avoiding unnecessary transfers to hospital, which can be both traumatic and disorientating, can improve patient outcomes and decrease mortality rates.<sup>1</sup>

Older people require emergency care more often than other populations. They have a longer Emergency Department (ED) length of stay and higher hospital admission and readmission rates. Older people account for greater than 60 per cent of hospital admissions and are at risk from hospitalisation itself, particularly delirium. Older people who become acutely unwell in RACFs are a considerable proportion of ED presentations. A number of studies have found that for certain disorders or comorbidities, effective treatment does not necessitate presentation to ED from the RACF. For example, those with acute infections treated in their residence have similar or better survival and fewer complications compared to those transferred to hospital for treatment, even accounting for severity.<sup>2</sup>



<sup>1</sup> Aged Care Emergency Service Model of Care – Emergency Care Institute <http://www.ecinsw.com.au/sites/default/files/field/file/ECI%20ACE%20MOC%20version%202.pdf>

<sup>2</sup> Aged Care Emergency Service Model of Care – Emergency Care Institute <http://www.ecinsw.com.au/sites/default/files/field/file/ECI%20ACE%20MOC%20version%202.pdf>



### Resident Unwell at Age Care Facility

#### RACF referral may include:

- GP
- After-hours Medical Service
- Age Care Triage Service eg ACE, Grace, Southcare
- RACF clinical advice line.

