



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' campaign

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





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*

*Refer to Residential In-Reach ahead of VVED when they are available

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 pain or care needs unable to be met at home
- VVED consulted with patient's Medical Treatment Decision Maker and provided information on:
 - o differential diagnosis
 - if a CT brain was indicated
 - what treatment would be provided at ED (palliation)
 - overall risks versus benefits of ED transfer
- Shared decision for palliative care at home with GP review next day
- Prescribed Morphine, Midazolam, Glycopyrulate
- Recommended to contact RIR, Palliative Care Advice Service or VVED if further support required

Save 000 for Emergencies

LOW TO MEDIUM ACUITY

REFERRAL OPTIONS

- 1. GP
- 2. Residential In-Reach
- Victorian Virtual ED







COMMON CONDITIONS

- · Post fall or head injury assessment
- · Vomiting, diarrhoea, constipation
- · Non-severe pain or discomfort
- · Acute confusion or delirium
- · Dizziness or near faint

- · Respiratory infection
- · Fever of unknown cause
- · Cellulitis / skin infection
- · Urinary infection
- Hypertension

- · Chronic illness exacerbation
- · Challenging behaviours
- · Abnormal blood test results
- · Functional decline
- Complex wound

Save 000 for Emergencies

HIGH ACUITY

CALL TRIPLE ZERO (000)

If AV staff assess an emergency response is not required they may refer to GP, Residential In-Reach or Victorian Virtual ED either at point-of-call (triage) or when on-scene.



Save Triple Zero (000) for Emergencies



Palliative & End-of-Life Care

PALLIATIVE & END OF LIFE CARE

REFERRAL OPTIONS

- GP
- 2. Residential In-Reach
- 3. Community Palliative Care Service
- 4. Palliative Care Advice Service
- 5. Victorian Virtual ED



****1800 360 000

Available 7-days

VVED RACF Referrals

Challenges

- Access to technology for video consultation
 - Save registration and consult links to devices
- Communication with RACF and GP sector
 - Have an accessible email address for the facility
- Medication imprest at RACF
- Varying availability of Residential In-Reach Services
- Low rate of instructional Advanced Care Directives
 - Have contact details for resident's medical treatment decision maker
- RACF staff workload

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

VVED Resources

VVED Website

Home - Victorian Virtual Emergency Department (vved.org.au)

AV Website – VVED Webpage

- Victorian Virtual Emergency Department (VVED) Ambulance Victoria
- For further information on VVED:
 - ✓ Posters
 - ✓ Flyers
 - ✓ Registration videos

VVED Contact Information

VVED ANUM

- For urgent assistance during consult
- 0459 847 364

VVED Clerical

- If needing to follow up on discharge summary or prescription
- 03 94859070
- <u>ED.VirtualTriage@nh.org.au</u> (for non-urgent matters)

VVED Program Lead

- Richard Penberthy
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For VVED referral support training and/or information documents contact <u>richard.penberthy@nh.org.au</u> or visit <u>www.vved.org.au</u>