

## The Residential Aged Care Integration Programme Impacts Acute Care Utilization



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## Why Is This So Important?

Top Diagnoses in Order for Hospitalised Residential Aged Care Patients > 80 years old

- Pneumonia, unspecified
- Fracture neck of femur
- Chronic obstructive pulmonary disease
- Urinary tract infection, site not specified
- Acute myocardial infarction
- Congestive heart failure
- Syncope and collapse
- Anaemia, unspecified

(WDHB September 2005 to October 2006)

Approximately 24 acute care beds utilised daily by aged care residents



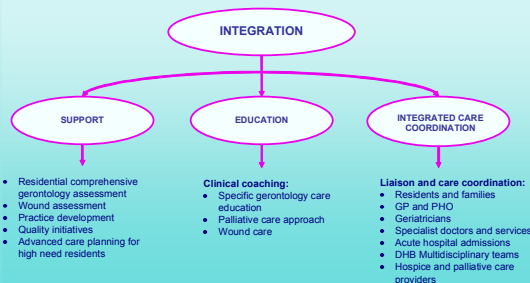
## Our Aim

Integrate and coordinate services for older adults

- ✓ Gerontology Nurse Specialist outreach to residential aged care
- ✓ Protocols and guidelines for common geriatric issues
- ✓ Education and clinical coaching for residential aged care nurses and caregivers
- ✓ Targeted specialist wound care interventions and coaching



## Our Programme



## Our Approach

Wide **consultation** Aug 2007 – March 2008  
**prospective comparison study**  
randomised by facility matched by size and type

Hospital **utilisation data** retrieved from DHB databases

**Evaluation** time frame:  
6 months pre intervention March - Aug 2007  
6 months post intervention March - Aug 2008

**Stage 1** – March 2008 to Feb 2009  
half of facilities offered full GNS intervention

**Stage 2** – March 2009 onwards  
all facilities offered full GNS intervention



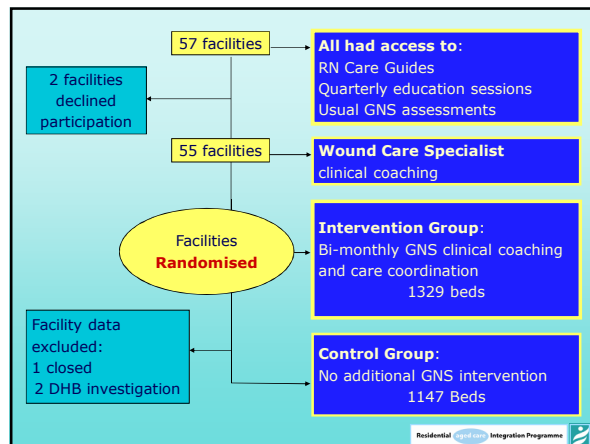
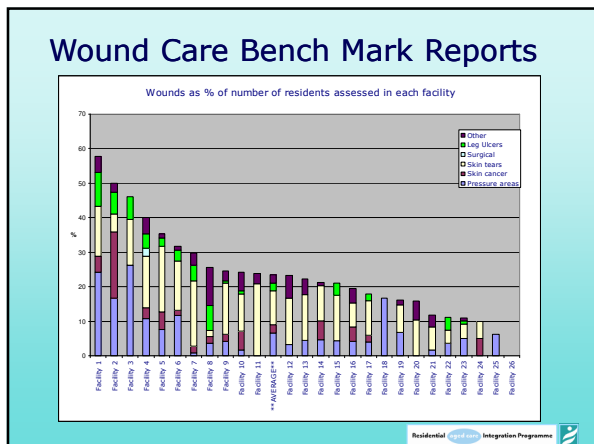
## Wound Care Intervention

Baseline data collection – Dec 2007 to Feb 2008  
Voluntary facility participation  
Head to toe skin assessments  
26 facilities: 1419 residents

**Intervention**  
Benchmarking data sent to facilities  
Complex wound assessments with advice and support  
On-site clinical coaching

Post 1 year intervention data collection  
Dec 2008 to March 2009  
34 facilities; 1593 residents





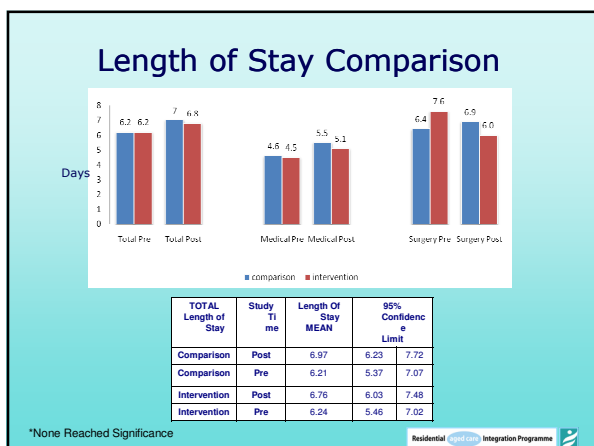
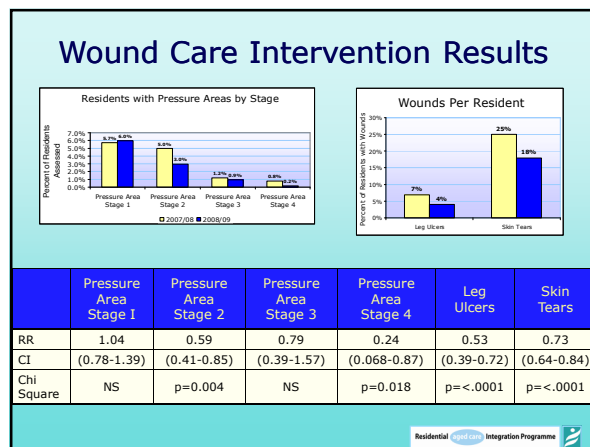
### RACIP Impacts Acute Care Utilization

Intervention: 1329 beds; Control: 1147 beds

		Study Time		Increase in admissions per 1000/bed days	Percent increase
		Pre admissions per/1000 bed days	Post admissions per/1000 bed days		
Total Admissions	Control	2.23	2.92	0.70*	31%
	Intervention	2.29	2.68	0.39*	17%
*RR: 0.57, CI (0.44-0.73), ChiSq <.0001 Includes: Medical, Mental Health, Surgical and Rehabilitation Admissions					
Medical Admissions	Control	1.57	2.09	0.51**	33%
	Intervention	1.66	1.92	0.25**	15%
**RR: 0.50, CI (0.36-0.68), ChiSq <.0001					
Surgical Admissions	Control	0.43	0.51	0.09	20%
	Intervention	0.41	0.46	0.05	13%
RR: 0.62, CI(0.31-1.27), ChiSq: NS					

Analysis: Lifeng Zhou and Delwyn Armstrong. Poisson regression model of the rate difference ('post' - 'pre')

Residential Integration Programme



### Facility Feedback

"This programme offers so much to the private facilities!"

"It is important that the relationship between all parties is positive and mutual respect is maintained...The group meetings allow for this to happen..."

"The relationship built with our GNS has been invaluable. Her knowledge is enormous..."

"... the nursing staff feel there is someone on our side from the DHB who we can call on at any time to share a concern with or just ask for advice."

"...Feel there has been a 'closing of the gap' between WDHB and Private Hospital Care."

Residential Integration Programme

## Conclusion

### The Residential Aged Care Integration Programme

- Integration and quality working relationships
- Early recognition of deterioration and evidence based intervention
- Comprehensive geriatric assessments and complex wound assessments
- Improves quality of life
- Reduces acute hospital utilisation