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# RACF emergency support telehealth model - Care in place

Initiative Type

Model of Care

Service Improvement

Status

Deliver

Added

22 August 2019

Last updated

05 February 2024

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/racf-emergency-support-telehealth-model-care-place>

## Summary

Established a Telehealth enabled emergency support model for residential aged care facility (RACF) residents in the Mackay HHS region. The model expands the existing Mackay HHS / Telehealth

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Emergency Management Support Unit (TEMSU) model to include RACF's. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.

## Key dates

Mar 2019

## Implementation sites

Mackay Hospital and Health Service

## Partnerships

RACFs - Murroona Gardens, Cunningham Villas, Good Shepherd Lodge, Sarina Aged Care, St Francis of Assisi, Glenella Care, Kerrisdale Gardens, Nanyima aged Care, Resthaven on Quarry, Homefield Aged Care; NQPHN, Telehealth Emergency Management Support Unit.

## Key Contacts

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## Aim

The strategies employed are context-specific, implemented and evaluated in a sustainable way, with the aim of enhancing outcomes for RACF residents and reducing avoidable presentations and admissions to Mackay Base Hospital and Bowen Hospital.

## Benefits

- RACF residents appropriately managed in place
- collaborative communication and decision making between ED and RACF health care teams
- utilise and embed virtual technology mechanisms as routine
- enhance clinical skills of RACF clinicians to recognise and respond early to acutely unwell residents
- improved clinical practice
- reduced emergency presentations and hospitalisation of RACF residents
- improved resident outcomes / timeliness of care

## Background

The population of Queensland is ageing and living longer with multiple co-morbidities, which has seen a growth in older person presentations to statewide emergency departments (EDs) and subsequent inpatient admissions. Barriers have existed between community and acute sectors, which has highlighted an opportunity to work together and develop a new patient focussed model of care for residents of aged care facilities to receive the right care at the right time in the right place.

## Solutions Implemented

Developed and implemented a cross-site training program to upskill RACF nursing staff to conduct comprehensive resident assessments and ongoing care management; Embedded virtual mechanisms i.e. video conference as routine delivery modes for SMO's assessment with RACF residents (in place); Developed and established communication pathways and documentation which supports referral and information sharing for early intervention, decision making and ongoing care management of RACF residents.

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## **Evaluation and Results**

Early evaluation results for the Bowen service indicate 55% of patients reviewed under the service are being managed in place and are not required to be transported to emergency departments. The Mackay iteration only commenced very recently. Evaluation for both sites is ongoing - every TEMSU contact is clinically reviewed from both the RACF and ED perspectives. Results are recorded and reported via dashboard reporting.

## **Lessons Learnt**

Early evaluation results for the Bowen service indicate 55 per cent of patients reviewed under the service are being managed in place and are not required to be transported to emergency departments. The Mackay iteration only commenced very recently. Evaluation for both sites is ongoing - every TEMSU contact is clinically reviewed from both the RACF and ED perspectives. Results are recorded and reported via dashboard reporting.

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