Residential Aged Care Nurse Practitioner Service

Initiative Type

Service Improvement

Status

Deliver

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Summary

The Townsville Residential Aged Care Nurse Practitioner Service (RAC-NPS) directly bridges a healthcare service gap that exists with our residential aged care system. Our nurse practitioners (NPs) reduce the need for emergency care and hospital admissions by working with residents, their general practitioners (GPs), residential aged care facility (RACF) staff, and hospital specialties to

ensure people get the right care in their home. We enhance patient experience and health outcomes; and support GPs and care staff in the service they provide, also addressing directly some of the barriers to workforce attraction and retention.The same NP works consistently within designated RACFs to develop professional relationships with staff, residents and their GPs. They deliver timely, high-level care that meets subacute, end of life, and post discharge transition needs within the home. The NP scope of practice compliments what can be offered by other services (including emergency in reach) without duplication. RAC-NPS has a philosophy of relationship-centred care: i.e. supporting the relationship between the consumer and their GP, therefore the NP is not the principal primary care provider for residents. The NP coordinates and communicates each occasion of service not only with the RACF but also with the residents GP.This service has a strong workforce development component by always employing a NP candidate (NPC) and delivering an education program for RACF staff within the region, whether or not they work at a participating facility. Not only can this provide Clinician Professional Development (CPD) hours to meet registration needs but locally lead aged care specific training will enhance face to face engagement, target identified need, break down perceived barriers to healthcare provision in aged care, and support sustainable workforce growth and retention. Less than six months into a five-year staged rollout, with only two NPs, we achieved a 16% reduction in Emergency Department (ED) presentation and a 15% reduction in re-admissions from participating RACFs to Townsville University Hospital.

Key dates

Apr 2023

Implementation sites

Townsville Hospital and Health Service

Partnerships

Northern Queensland Primary Health Network and participating aged care organisations

Key Contacts

Dr Toni Weller

4521

william.vanheerden.ced

General Practice Liaison Officer

Townsville Hospital and Health Service

Tel: 07 44335275

Toni.Weller2@health.qld.gov.au

Aim

A two-stream clinical approach is created: Nurse Practitioner works with the General Practitioner to bridge the gap between GP only appointments and nursing care. Allows earlier intervention for both acute care and transition of care needs.Benefits:

- a 5% decline in ED presentations
- a 5% decline in ED re-presentations
- a 5% decline in hospital readmissions

Non quantifiable benefits include:

- stakeholder satisfaction
- workforce growth
- aged care stability

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Background

In 2018 the Townsville Local Government Area (TLGA) had an acute shortage of GPs providing services in RACFs. Following the departure of a GP, hundreds of patients across facilities were without a primary care provider which highlighted our reliance as a region on a few sole providers. The same situation arose again in 2020/21 when another GP was unable to continue RACF services. This time an estimated 750 (or 64.7% of people living in RACFs within TLGA) were left without a GP. This led to decreased preventative and primary care availability in the home, higher reliance on tertiary services, and decreased health outcomes for residents. Although the immediate GP gap has been filled, it remains precarious relying on few providers.

Solutions Implemented

With funding from North Queensland Primary Health Network (PHN), we undertook a quality improvement research project to explore why there was limited GP care available and what could be changed. Over more than a year our team developed the Sustainable Model of Care for Residential Aged Care Residents. This model outlines a collaborative three-armed approach incorporating a Nurse Practitioner service, a Primary Care Component, and RACF collaboration.Within current health system funding models, NPs are not a financially viable workforce in the private sector, but it is sustainable using hospital-based activity funding. As we were preparing to socialise the model CCP funding applications opened and our bid was successful!Our NPs and NPCs are imbedded within care facilities, visiting each of their facilities at a set time one to two days a week, depending upon resident numbers and clinical load. THHS has a written agreement with each RACF where the RAC-NPS model is implemented, outlining the scope of service and what will be provided by each party: no direct service cost is charged to the facilities.1. Regular acute care rounds at each RACFs provide: a) rounds that may include early assessment, care planning and interventions that coordinate with GPs and RACF care staff care.
b) earlier identification of deteriorating patients and a safety net review for patients who have had an after-hours call out or presentation to an ED service.
c) direct support at the request of GPs, to bridge the gap between GP availability and FIT/ED presentation.
d) streamlined access to Townsville University Hospital (TUH) specialty services, including escalation pathways to the Frailty Intervention Team (FIT) and Hospital in the Home (HiTH)
e) collaboration with private care providers, where appropriate, for the care needs of a resident.2. Post-discharge transition of care evaluation and management planning with the RACF multidisciplinary team and GP. Through the visibility generated by hospital employment, and direct access to ieMR and the previous treating team, NPs are able to cross-collaborate with private care providers and break down significant barriers to effective transitions of care.3. In-service and community of practice education sessions for RACF staff

Evaluation and Results

Retrospective Data Analysis:

- 16% reduction in ED presentation in 6mo from participating RACFs
- 9% reduction in ED re-presentations in 6mo from participant RACFs
- 15% reduction on hospital re-admissions in first five months from participating RACFs - (512 in Dec22-APR23 | 434 in May23 - Sept23)

Education Surveys - First Full-Day Education event was fully booked.
Overwhelmingly positive responses to presentations and content (4.7/5 avg)Consumer Surveys - In the absence of a Queensland Health standardised Patient Reported Experience Measure survey (PREMs) for Residents of Aged Care Facilities, the project team have worked with the Consumer Feedback department in Townsville to develop a PREMs that is specific to the RAC-NPS. This also addresses components of the Aged Care Standards. This survey can be adapted to review consumer experiences for other Aged Care services. Roll-out of this service has commenced in April 2024.

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