

Residential Aged Care Facility Support Service (RaSS)

A program for high quality collaborative acute healthcare delivery to residents of aged care facilities

What is a RaSS?

A RaSS is a partnership between general practitioners (GPs), residential aged care facilities (RACFs), hospital and health services and community service providers.

The RaSS is a single point of contact for RACF staff and GPs with residents who have acute health care needs, where these exceed the capability of the GP and RACF to manage independently.

The service aims to provide the best care for residents of aged care facilities in the most appropriate location.

Clinical advice is provided via telephone with experienced clinical nurse consultants, who have emergency assessment skills and are supported by specialist doctors.

Examples of types of care able to be delivered in the RACF include:

- clinical assessment and care planning when you require a second opinion
- IV therapies
- linking of residents to community based providers or hospital based services.



Aims

The RaSS aims to improve quality of care for residents of aged care facilities, while also improving efficiency of service delivery.

It provides clinical advice and collaborative care planning and may link residents with acute health care needs to:

- community based services
- hospital based services
- a visit in the facility or a telehealth consultation by a RaSS nurse practitioner or a specialist in emergency medicine or geriatrics.

Assessment of the teams' performance will be undertaken against a range of measures, including:

1. Patient centred measures, such as:
 - mortality rates
 - morbidity rates (pressures ulcers, falls, blood stream infections and medication incidents)
 - unplanned admissions to hospital within seven days of contact
 - patient and family satisfaction.
2. Service related measures, such as:
 - proportion of residents of aged care facilities discharged with a discharge summary
 - number of avoidable emergency department presentations
 - proportion of hospital separations for residents of aged care facilities with a component of acute substitutive care admission in the episode of care
 - stakeholder satisfaction.

How does it work?

We have partnered with GPs, RACFs and hospital specialist clinicians to develop clinical pathways to guide referrals to the RaSS.

No care planning for individual residents will be undertaken without involvement of the GP.

RaSS hours of operation:

RaSS contact details:

Your enquiry will be answered by a clinical nurse consultant, who has access when required to a specialist in emergency medicine or geriatrics.



Queensland Health would like to acknowledge with thanks the Metro South Hospital and Health Service in the production of this information

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Information for general practitioners

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