AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

CASE STUDY

April 2024

Transitions of care case study:
Aged Care Emergency (ACE) service

ACE is a nurse-led, multi-agency model of care that provides consultancy, clinical support and advice for the staff of residential aged care facilities (aged care facilities) and GPs in the Hunter New England and Central Coast areas of NSW. It aims to support aged care facility staff to deliver care for acutely unwell residents and to avoid unnecessary transfer to hospital when it is clinically appropriate and consistent with the person's goals of care. ACE is an example of safe and high-quality transitions of care.

Why ACE was needed

People living in aged care facilities are increasingly frail and complex. When they present to an emergency department (ED), residents of aged care facilities are more likely to be admitted to hospital and to die in hospital compared to older people who live in the community.[1] They are also at high risk of hospital-acquired complications, such as infections, delirium, falls and pressure injuries. Up to 40% of transfers from aged care facilities to EDs are potentially avoidable.[2]

Due to their complex needs, residents of aged care facilities need integrated health care that spans primary and acute care.[3]

How ACE was developed

In 2010, John Hunter Hospital Emergency Director Dr Carolyn Hullick worked with ED nurses to develop a new model of care to better manage people living in aged care facilities in partnership with NSW Ambulance and the Medicare Local (now the Primary Health Network).

Focus groups with aged care facility staff, GPs, ED nurses and paramedics identified a strong wish to provide clinical care for residents in aged care facilities, but that it was difficult to do so. Key issues included the need to improve communication, clinical handover, and aged care facility staff's skills, training and knowledge of acute medicine. There was also a need to address aged care facility staff's feelings of isolation from the acute care system.[1]

ACE began with a pilot in 2010 involving John Hunter Hospital and four aged care facilities that had high rates of hospital transfer and admission. It found that residents from aged care facilities involved with ACE were 40% less likely to be admitted compared to controls.[4] By 2016, the program was scaled up to cover 81 aged care facilities that transferred residents to nine EDs in a range of rural, regional and urban hospitals in the Hunter New England Local Health District (LHD).

ACE now covers more than 140 aged care facilities and provides support to all aged care facilities in the Hunter New England and Central Coast LHDs.

Goals of ACE

- Ensure people living in aged care facilities receive the right care at the right time, in the right place for unexpected health conditions

- Enhance aged care facility staff's decision-making for residents with non-life-threatening acute care needs
- Improve communication and collaboration between stakeholders across different sites
- Reduce avoidable presentations of residents of aged care facilities to EDs.

How ACE works

ACE is a nurse-led service that supports, empowers and builds the skills of aged care facility staff. The essential elements of ACE are:[3]

- A 24-hour nurse-led telephone consultation service. Aged care facility staff call a central number and their call is diverted to their designated home ED. The line is staffed by Aged Services Emergency Team (ASET) nurses in EDs during the day and by RNs from Hunter Primary Care after hours. GPs are available if the RNs need medical support
- A community of practice that builds relationships and collaboration across aged care facilities, general practice, NSW Ambulance, local hospitals and EDs. The community of practice oversees ACE, works to resolve issues, and identifies and supports system change
- Evidence-based algorithms for common acute symptoms and problems
- Educating aged care facility staff about effective clinical handover, recognition of the deteriorating patient, and the ACE algorithms
- When transfer is required, the reason and the goals of care are defined before ED transfer. Once in the ED, the ASET nurse provides proactive case management aligned with those goals of care.

The resident's GP is always the primary contact for medical support. The ACE program provides guidance for aged care facility staff to complete preliminary clinical assessments before calling GPs, and a structure to support effective communication with GPs. This also helps aged care facility staff to deal with simpler problems.

ACE is a partnership between Hunter New England LHD, Hunter New England Central Coast Primary Health Network and Hunter Primary Care. The resources are available on a website ace.hnehealth.nsw.gov.au/.

The organisations fund and employ nursing leaders who coordinate and monitor the program. The nurses facilitate and support the community of practice, maintain clinical content and help to build relationships between the aged care facilities and the health system.

What ACE has achieved

Reduced transfers to ED: An evaluation of more than 18,000 hospital transfers found that ACE reduced the rate of hospital admissions and ED visits by about 20% between 2012 and 2017.[3] In 2023, 28% of cases discussed with the ACE team could be managed in the aged care facility rather than transferred to hospital.

Stronger relationships and improved communication: The interprofessional community of practice has opened up communications between aged care facilities and the health system and has built relationships and shared understanding.[1] It has also been a source of information and support for aged care facilities during the COVID-19 pandemic.

Aged care facility staff feel more confident and supported: They have a network of colleagues, access to evidence-based guidance and training and education in a system that allows them to better manage residents when they are unwell.[5]

There is improved understanding of the need to think about the perspective of the older person and what they would want, to define the reason for transfer to ED, goals of care and shared decision-making.

References

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