PROJECT TITLE: EVALUATION OF RESIDENTIAL IN-REACH BY RESIDENTIAL AGED CARE FACILITES.

RESEARCH DESIGN PROPOSAL

Australian Centre for Evidence Based Aged Care (ACEBAC)

Project Team:

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Introduction

In November 2013, ACEBAC initiated preparatory work on a study of Residential In Reach services in Victoria and nursing management of acute episodes in residential aged-care facilities. This report outlines the exploratory work which has been undertaken so far, presents research questions which have emerged and describes the methods to be adopted for the final project.

A number of recent developments in aged-care and hospital care have contributed to this inquiry topic.

Firstly, in 2011-2013 ACEBAC delivered (funded by the Department of Health (Aged Care Branch)) a comprehensive health assessment training package to approximately 1200 staff employed in public sector health services; at least 688 of these clinicians working predominantly in public sector residential aged care services. An evaluation report shows significant improvements in psychometric measures on knowledge, attitudes and confidence in health assessment of the older person following the workshops(1).The gap in health professional capacity to undertake comprehensive health assessment was therefore significantly addressed by this program.

Secondly, following the Winter Emergency Demand Strategy in 2008 to reduce demand for hospital emergency departments, Residential In Reach services were introduced for 10 health services in Victoria; subsequently another 3 have been instigated. It could be hypothesised that avoidance of hospitalisation of aged-care residents by using an external acute nursing and medical support service in some health services areas may impact on aged care facilities' staff capacity to assess and manage the deteriorating or injured older person, and facilities may see no need to improve and maintain the clinical skills of staff in house.

Thirdly, longer life expectancies and demographic trends indicate a growing demand for aged-care services in Australia. Such population health changes mean increasingly medical and social complexity is attached to care of older people(2). A skilled and competent aged care nursing workforce is therefore required to address these needs. An exploratory appraisal of nursing competencies and PCA skills and knowledge within Residential Aged Care in the context of the recent 'acute' Residential in Reach program is therefore timely.

The main aim of this study is to explore the interface between aged care and acute services from the aged care perspective.

Scoping of Study

To date, scoping of this study has involved the following;

- Initial meeting and discussion with Department of Health senior officers from Aged Care and Continuing Care divisions.
- Consultation with Residential In Reach teams. This has included Bendigo Health RiR manager and 2 staff (RNs), Eastern Health RiR manager and St Vincent's RiR manager and clinical lead RN.
- Consultation with Ambulance Victoria including Manager and 2 staff (Paramedic & RN).
- Assessment of VINAH and VEMD data-sets as to their applicability for analysis in this study
- Rapid literature review of other hospital admission avoidance programs nationally and overseas (see Appendix A)
- ACEBAC short workshop to review emerging issues and devise research design.

Early observations from this preparatory work would indicate that while Residential In Reach has been successful in reducing hospital admission and the demand for the service is high, there is still consistent demand for Ambulance Victoria (AV) call outs from aged-care facilities and some of which may not be warranted. Numerous examples were given of clinical and holistic 'best practice' undertaken by In-Reach staff for RACS residents. Whilst it was stated that some call outs were unnecessary, there were also views that some aged care facilities engaged in effective partnerships with Residential In Reach to deliver excellent care to residents during acute episodes. The question remains, however, as to whether Residential In-Reach is substituting for skills that nursing staff in residential aged care services should have. More specific problems/issues which have emerged anecdotally with regard to RACS' utilisation of RIR include the following:

- Advance Care Planning: Reports that this is only initiated once acute episodes occur and RiR are engaged.
- RACS policies: These frequently pre-determine whether RiR or Ambulance is called regardless of resident acuity as staff just follows a facility policy.
- Discharge Planning: Discharge Plans from hospitals are unclear and/or plan is not followed through in RACS leading to resident deterioration.
- Falls: No lift policies in RACS can result in immediate call out of Ambulance.
- Inappropriate Referrals to RiR/AV usually related to lack of clinical leadership or skills in the RAC.
- Medications not able to be sourced at the aged-care facility.
- Shortage of particular nursing skills in RACS e.g. male catheterisation

- Poor consultation with G.P.s from RACS, particularly in regard to adverse pathology results.
- G.P. support is thin in some outer Melbourne areas.
- Dementia-related behaviour changes are frequently referred to RiR and AV.

VINAH Data

The Victorian Integrated Non-admitted Health (VINAH) data-set includes reporting for Residential In-Reach services.VEMD includes all emergency presentations at Victorian hospitals which can result in hospital admission, discharge from emergency department, or death. Both data-sets can be cross-tabulated for *Type of Usual Accommodation,*which includes 'Residential aged care facility', and clinical diagnosis codes *(ICD-10-AM)*with *'Selected potentially preventable hospitalisations'* a sub-set of these. Collection for the VINAH data-set is not yet complete with Residential In Reach services reporting data to the Dept. of Health. Two key difficulties arise in any analysis of these data-sets for the purposes of this study:

(i) Data on events pre-ceding referral to RiR are not contained in the datasets e.g. Time of onset in change of condition, health professional making the referral

(ii) Recording of primary and secondary conditions in the data-set inevitably may not always be accurate given the complexity of symptoms displayed by the older person in an aged-care facility.

Research Questions

An *inductive* approach is proposed for this study whereby the above problems/issues will be explored and 'teased-out' in order to arrive at pertinent findings. Research questions for investigation include the following:

1. Is the provision of acute nursing skills, available through RiR, eroding capacity for aged care nursing best practice in some residential aged-care facilities?

2. If such 'substitution' effects in RACS nursing competencies occur, what are the obstacles which prevent clinical nursing advancement?

3. What further opportunities arise for competency advancement in RACS from RiR services?

4. Are there gaps in the 'interface' between RACS and RiR which can be addressed to provide improved acute care to residents?

5. Which particular nursing skills are frequently required and not applied in the management of acute conditions in RACS before RiR is referred to? What knowledge gaps are also common?

6. What are the reasons for referral to RiR, or ambulance call-out? What is the decision-making involved in RiR referral? Policy driven? Unavailability of G.P.? Staff mix? Skill deficiency?

7. What are the reasons for not utilising RIR?

8. Are there identifiable events/factors which can lead to medical deterioration of residents in aged-care facilities? Which particular types of referrals to RiR are preventable? Knowledge gaps? Skills deficiencies? Delay in G.P. Response?

9. How is Advance Care Planning progressed in RACS? Are there specific knowledge gaps/common views which facilitate, obfuscate or prevent discussions with families?

10. Are there resource deficiencies which prevent resolution of acute episodes for residents, such as medication or equipment shortages? What are they?

11. What identifiable organisational 'cultures' are there which either advance or limit clinical competencies in RACS? Is this dependent on staff composition such as percentage of RNs; education/training?

12. Is it possible to identify unique interactions which occur between RiR and such work 'cultures' identified in Q.11? Are there barriers to educational interventions carried out by RiR?

Project Design

We propose an in-depth qualitative study as most suitable for addressing such research questions. Ethics approval will be obtained from La Trobe University Ethics Committee and other appropriate committees before any data is collected. The study would include comparative case-studies, namely three residential aged-care facilities within a health authority with Residential In Reach. Each 'case-study' facility could be recruited according to the following criteria:

(i) Aged-care facility with high uptake of RiR
(ii) Aged-care facility with low uptake of RiR
(iii) Large Aged-care facility with medium-high uptake of RiR services

At least one of the cases will be a public sector owned facility. Cases (i) and (ii) permit comparative research to be undertaken on high and low users of RiR. Case (ii) is included in order that sufficient samples of acute events in a RAC can be documented. A telephone survey of RACS managers in Eastern Health will be initiated in order to screen and select potential case studies and invite them to participate in the project. This screening will consist of a short series of questions on the level of RiR uptake and the size and staff composition of the facility.

We suggest RAC facilities serviced by Eastern Health RiR as the most suitable for this study. Specific reasons include the following:

- A large availability of facilities to select for in-depth analysis i.e. 167 RACS in Eastern Health
- A growing and ageing population with likely future expansion of aged-care facilities in the area
- The model of the service offers particular insight. Initially set up as nurse-led RiR model, Eastern Health is moving towards a shared medical/nursing service. The team is managed by an R.N., with 4 E.F.T. RN staff, 1 Registrar and 1 Geriatrician. A nurse and doctor will visit the facility once a referral is made and telephone triage (by R.N.) indicates RiR intervention is required. The question of substitution of nursing skills is therefore applicable for the case study. Further, Medical professionals may be able to offer insight on other aforementioned questions e.g. G.P. availability, discharge planning

Ethnographic method is proposed as the key design element to undertake the study. Traditionally used in anthropology, the approach is based on the immersion of the researcher in the 'people' or 'culture' being studied. This project involves workplace ethnography in three residential aged care facilities. The key focus will be on on providing explanations for events which occur and the participants (nurses/PCAs in RACS) perspectives and explanations of these. It may also be appropriate to involve

family carers as participants. Interviews will also be conducted with other stakeholders, such as G.P.s, and there will be a review of residents' records and facility documentation such as policies and procedures. We also aim to include observation as part of the study which could include within RACS and possibly with RiR/AV when acute episodes arise. This will be dependent on ethics approval and ensuring consents with potentially multiple members of staff and residents. Observations will be recorded in a diary format

Analysis of content from interview transcripts and observation will involve identifying data which are connected to the research questions posed. In-depth reviewing of this content, including comparison between the case studies, will inform the final reporting and conclusions given.

We welcome any response to this research design proposal. Please forward comments to ewan.mcdonald@latrobe.edu.au.

References

1. Australian Centre for Evidence-Based Aged Care. Development, provision and evaluation of interdisciplinary training to staff in Public Sector Residential Aged Care Services (covering comprehensive heath assessment of the older person). Melbourne: La Trobe University2012.

2. Winbolt M. The care conundrum: A grounded theory study into changing the culture of gerontic nursing from task orientation to evidence-based practice Melbourne: La Trobe University; 2008.