Emergency and Unscheduled Care for Older Adults:

Expanding Options and Activating the Community

HSE

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How we Think in ED

Prioritise Immediate needs

What can be deferred?

What is the benefit/harm of any treatment decision?

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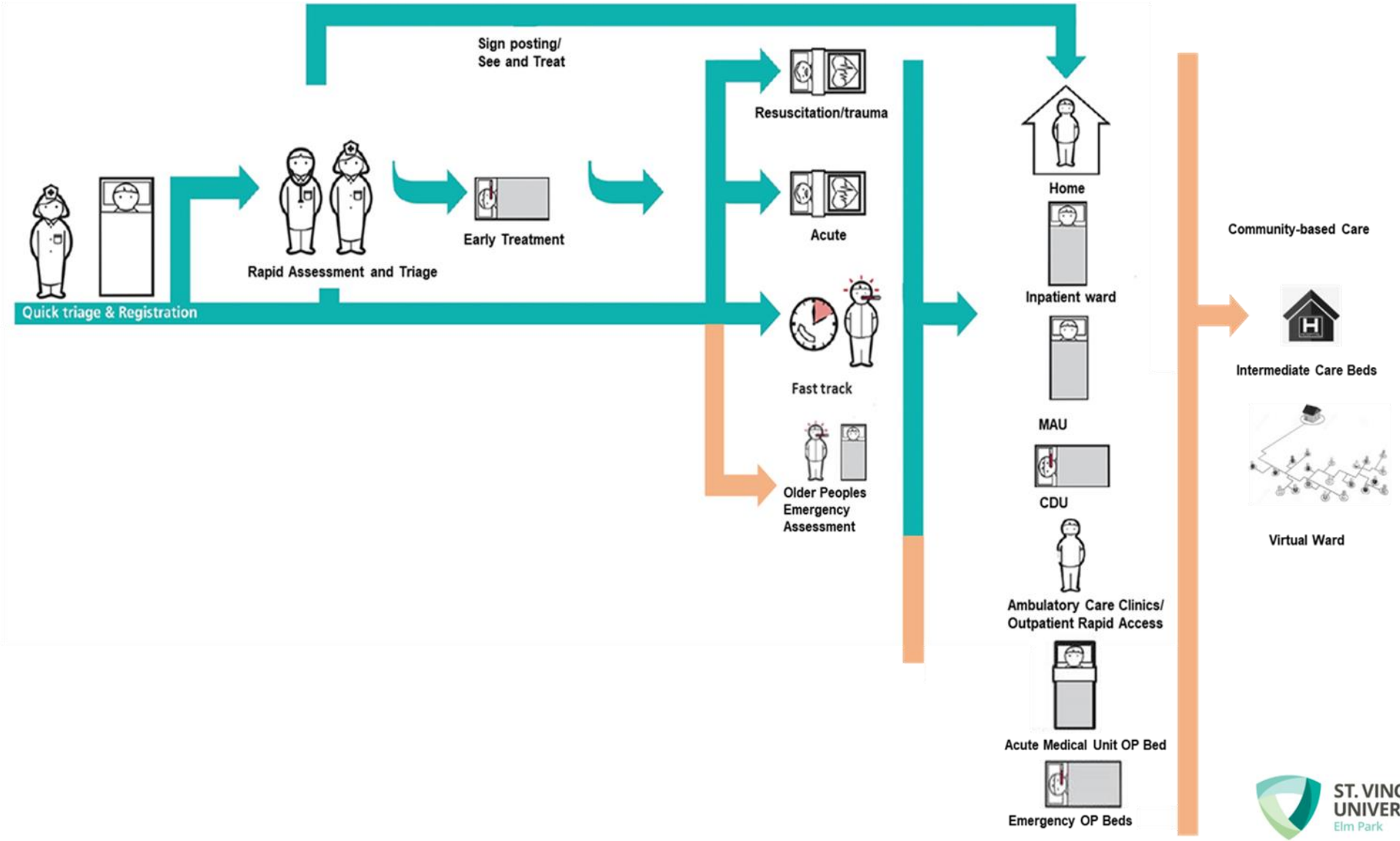
Movement of Patients through the ED



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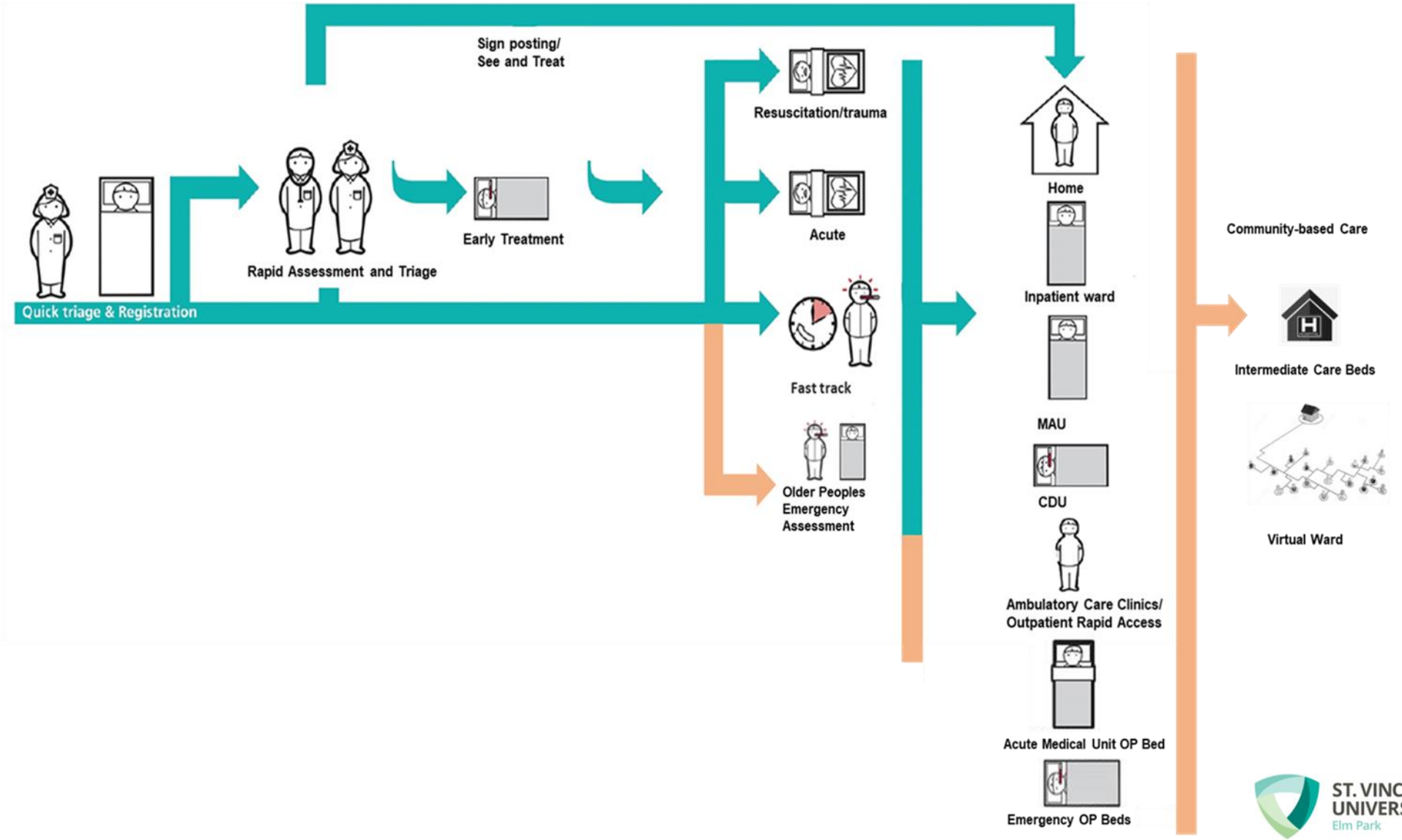
Movement of Patients through the ED



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Prehospital: Real Alternatives to ED

Lowcode Desk

Pathfinder

AP Car

EDITH

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EDITH

EMERGENCY DEPARTMENT IN THE HOME

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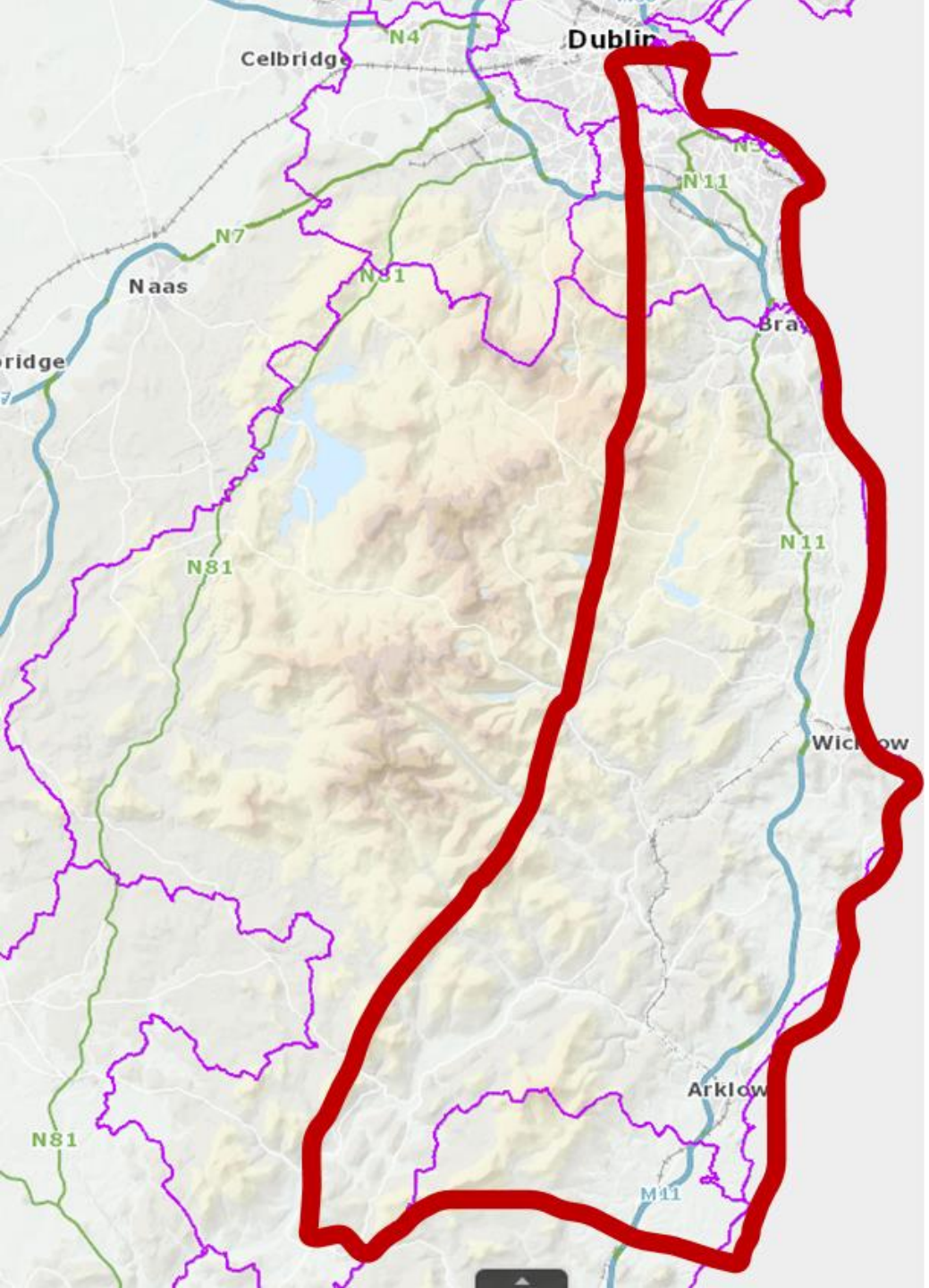

Catchment Area

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REFERRALS

- Ambulance Services – 999, 112, teams at a call
- Geriatricians
- General Practitioners
- Nursing Homes
- Local Emergency Departments/Injury Unit
- Community Integrated Care Teams
- Community Palliative Medicine
- Public Health Nurses
- ICPOPs
- Psychiatry of Older Age
- Other community teams

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EDITH
EMERGENCY DEPARTMENT IN THE HOME

Service to Date

Over 10,000 Patient Reviews

>90% remained in usual place of residence

Referrals to Hospital

(40% SCH;30% SVUH; 20%SMH)

Average age 82.9

(range 32-104)

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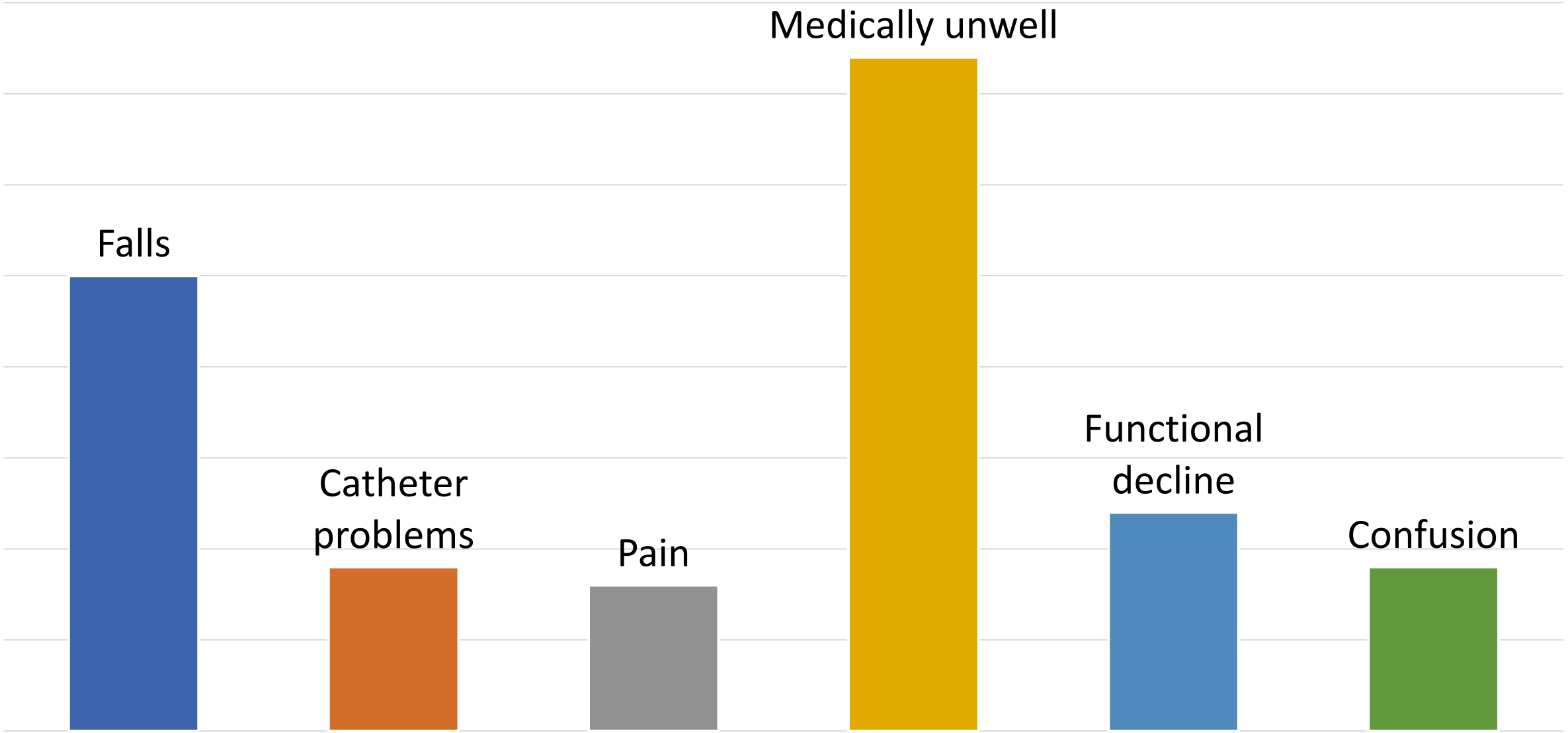
Call Types


Falls
Catheter problems
Pain
Medically unwell
Functional decline
Confusion

In the ED: Real Alternatives to Admission

In the ED: Real Alternatives to Admission

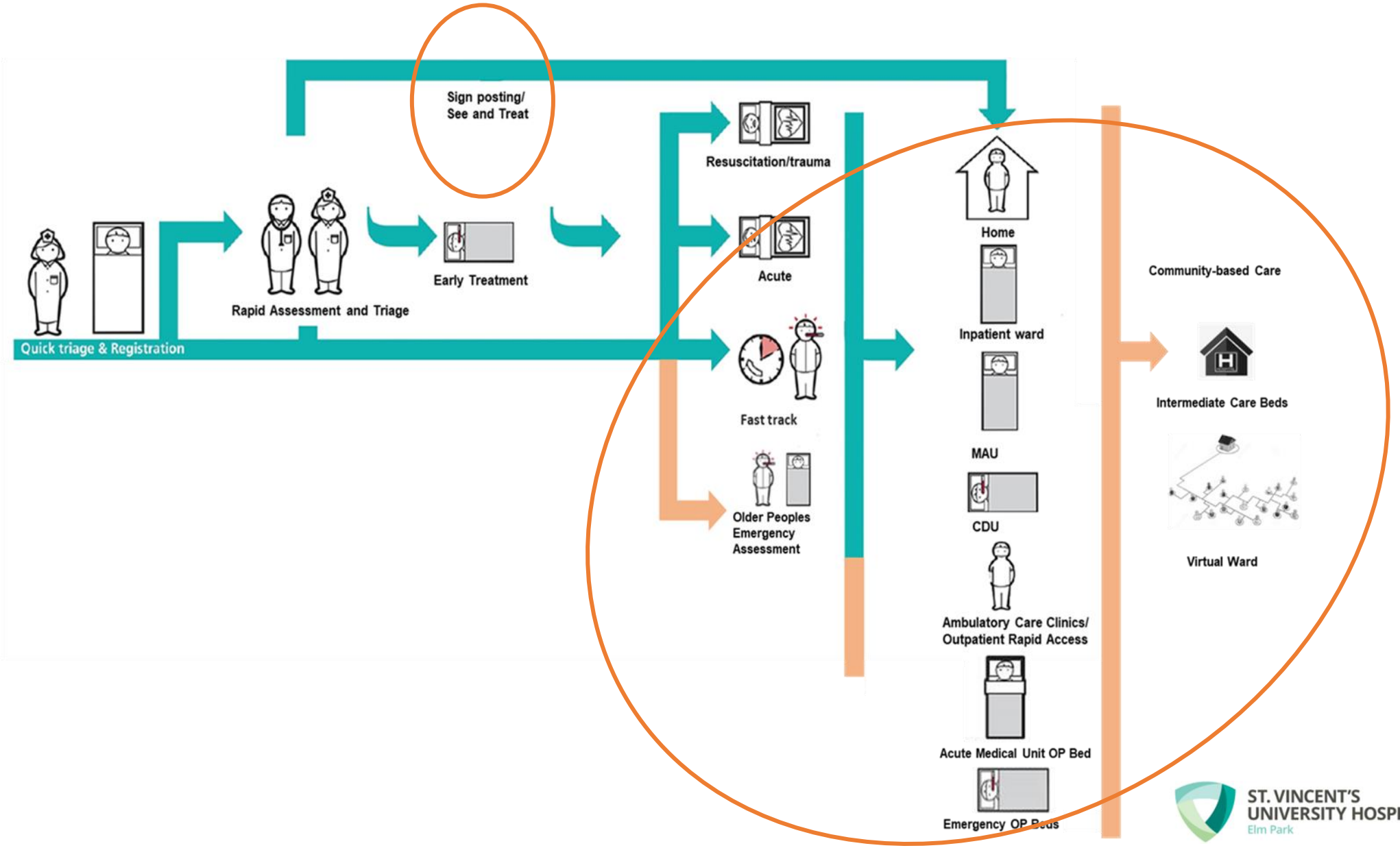
Process

People

Place




Movement of Patients through the ED



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OPRAH

Older Persons Rapid Assessment Hub

- Admission Diversion
- Focused Clinical and Functional Assessment
- Focused Discharge Planning

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OPRAH

Older Persons Rapid Assessment Hub

Service to Date

Over 9,500 Patient Reviews

>70% Discharged

Admissions to Hospital

(40% SCH;30% SVUH; 20%SMH; 8% RHD)

Average age 82

(range 24-105)

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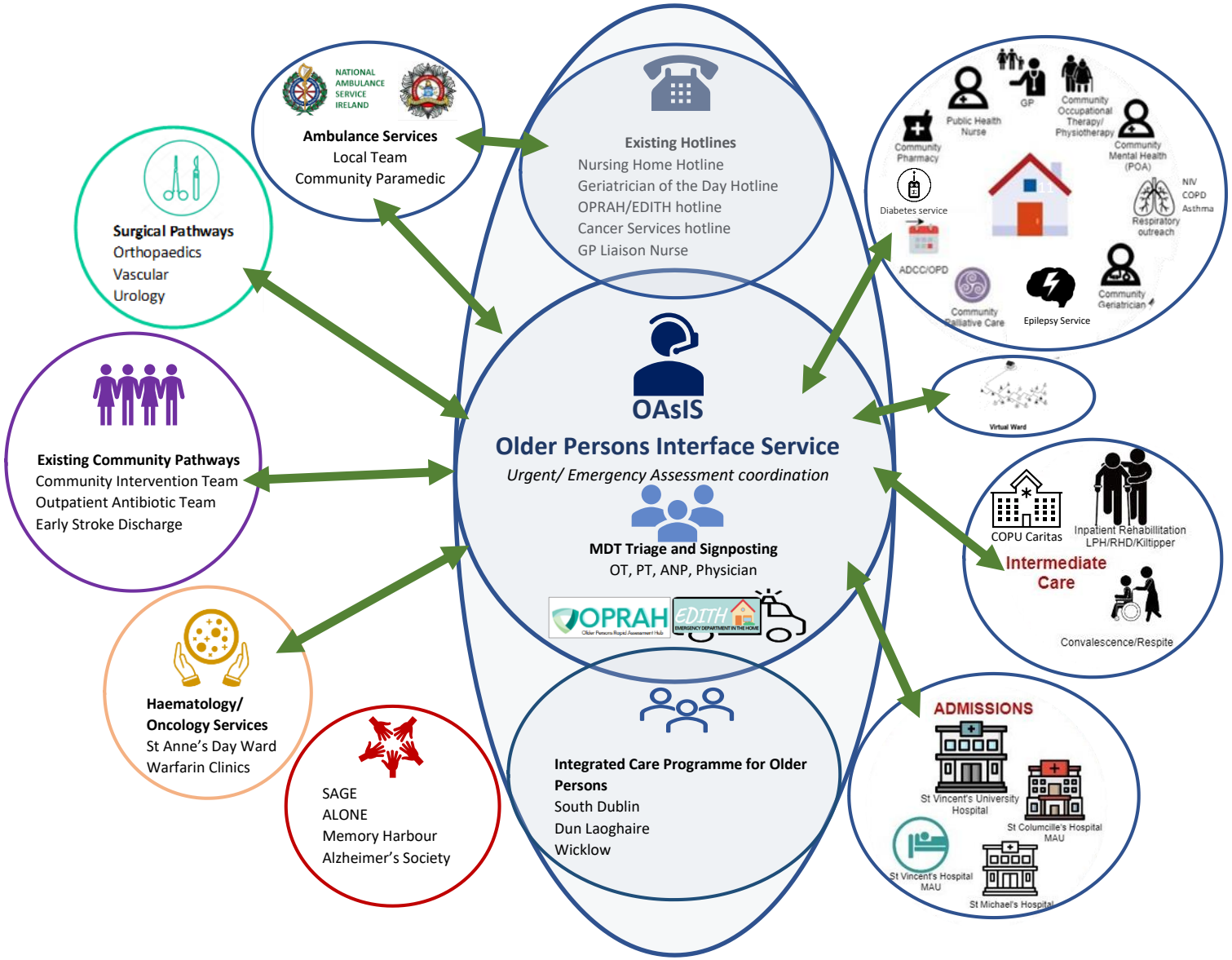
After ED: Real Alternatives to Admission

Need to know what is in your healthcare community and how you can use it



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Key Points

- ✓Get everyone involved
- ✓Move assessment to earliest point in patient journey
- ✓Activate community resources
- ✓Utilise local healthcare network
- ✓Justify every admission!

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