Consensus Statement

INTEGRATED EMERGENCY CARE FOR OLDER PEOPLE

The purpose of this collaborative Consensus Statement '*Integrated Emergency Care for Older People*' is to describe the elements that are essential for caring and providing treatment to older people during and after an acute illness or injury. The Consensus Working Party met at the Australasian College for Emergency Medicine on 25th October 2016.

The Consensus Statement has been derived from expert experience and published evidence, and has been developed in partnership with representatives from national and international professional colleges, public and private hospitals, community health services, policy makers and government agencies, and consumers, who collectively provide cross-specialty representation across the continuum of care.

Background

Excellent health care for older people, aged 65 years or more, during acute episodes of illness or injury is a priority for the well-being of individuals and for the economic viability of the health system. We face an unprecedented increase in the number of older people in our country, with population projections predicting that by 2050, 25% of Australians will be aged 65 years and over[19] , with the proportion aged 85 years or more rising from 1.5% to 5% of the population [20] .

Older people are high users of health care; and their use of emergency health care is increasing at rates faster than can be accounted for by population ageing - this is expected to continue over the coming years.[1 2] As a group, older people are the highest users of emergency health services, accounting for up to 20% of ED attendances [1 2] They are also more likely to re-attend ED on multiple occasions within a 12-month period, [3] and more likely to be admitted to hospital. [4]

Importantly, it is also well recognised that many older people present to hospital with a range of complex care issues, in addition to the acute illness that brings them into hospital. Older people are likely to be frail on admission, and at risk of subsequent functional decline, adverse events and increased morbidity [21]. Alternatives to hospital admission are often not readily available or are difficult to arrange, due to fragmentation of services across health and social care sectors.

During an episode of acute illness or injury, care of an older person is usually provided by more than one group of professionals within multiple health or social care systems, for example: general practitioners, community-based nurses, allied health, aged care and rehabilitation providers, pre-hospital care providers, emergency department interdisciplinary and in-hospital clinicians, pharmacists, family and other informal caregivers. Quality is often compromised by fragmentation of care and poor communication between providers. This may also result in the delivery of healthcare that is inconsistent with patient preferences and goals.

Communication, care coordination and integration across all health and community care providers in this complex system is critical to achieving person-centred outcomes for older people; and needs to be a priority for individual providers, regulatory bodies and policy makers. Health services and providers

can only deliver person-centred care when they work together to provide people with integrated care across the continuum.

Transitions of care are a time of high risk for miscommunication and for care being missed. Enhanced support during care transitions for older people and their formal and informal carers, through greater coordination and integration of health and psychosocial care will achieve safer outcomes for people and reduce hospital re-presentations.

What are the principles underpinning integrated emergency care of older people?

1. The complexity of an older person's health care needs and associated vulnerability should be identified and considered in all care decisions in the healthcare system.
2. The care provided should be aligned with the person's values, preferences and prognosis, as is medically appropriate.
3. Health and function are variable across the age spectrum and require partnering with the older person and their informal carers, person-centred and individual holistic assessment, especially in the setting of frailty, cognitive decline, delirium, and carer dependency.
4. Clinical environments, protocols and procedures must recognise the dynamic nature of older people's function and their specific care needs, including factors such as prevention and early intervention, as well as frailty, cognitive decline, delirium, and dependency on carers.
5. Collaboration and good communication between all care providers and the older person, family and/or carer, must occur to facilitate appropriate care pathways and reduce fragmentation, conflict and adverse events.
6. Clinicians must have the skills, knowledge and attitudes to provide best care for older people with complex issues. Adequate training, resources, and time must be available.
7. Health care provided during and after an acute health event, will include recognition and planning for the future illness trajectory and re-ablement services, and include the older person's future care needs, values and preferences.
8. Older people should have access to care and re-ablement services in the setting that best meets their needs, including in their own home.
9. Older people requiring emergency care should be assessed with special consideration of their physical, emotional and cognitive states and with reference to privacy, dignity, socio-cultural and religious issues. This assessment includes their relationship with their informal carers.
10. Staff should be trained in interdisciplinary team working skills, focusing on improving communication and relationship-building.
11. Personnel should work with the older person (and other key support people at the patient's request) to provide support and evidence that might result in referral of the situation to the police, local social services or other agencies.
12. Socioeconomic support, respite and training should be provided to community carers.

What is needed?

- Every policy, program and piece of legislation related to emergency care of older people should consider the above principles for integrated emergency care of older people.
- All education, advocacy and policy efforts related to emergency care of older people should refer to the above principles for integrated emergency care of older people.
- Organisations representing older people and their carers should unite in targeted advocacy to promote the above principles for integrated emergency care of older people.
- All health services should co-design and implement policies to prioritise care for older people that is developed with older people, their carers and healthcare providers.
- Research is needed on integrated emergency care of older people, to quantify benefits and potential harms, and assess cost-effectiveness of various solutions
- Evidence should be graded on which recommendations are based and identifying gaps in the scientific literature that need further investigation

What are the priorities for action?

Work with older people and their carers, clinicians, health and social care providers and system managers to:

- Co-design care transitions and information transfer between providers, patients and carers across the care continuum.
- Identify barriers and enablers to electronic health records, and develop strategies to increase uptake to ensure information sharing of health and social information, as well as providing discharge summaries to My Health Record.
- Promote active engagement in their own healthcare, then co-design strategies with them and other key stakeholders to support them to do this.
- Improve community awareness of important issues in the care of older people, such as injury and falls/fracture prevention and availability of re-ablement services access to after-hours health service, respite care availability, advance care planning, end-of-life conversations and care.
- Develop guidelines for healthcare environmental design that prevents deterioration in their health and well-being, and supports older people's independence and specific care needs, and supports the role of informal carers
- Develop core competencies, training and education for health and community care providers; and develop strategies for implementation and evaluation of these principles of integrated emergency care for older people.

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