Australasian College for Emergency Medicine

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Meeting the healthcare needs of older people

Australia and Aotearoa New Zealand



September 2023 Version 2.0

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

Our vision is to be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, evidence-based, patient-centred emergency care.

Our mission is to promote excellence in the delivery of quality emergency care to all of our communities through our committed and expert members.

Acknowledgement

The Australasian College for Emergency Medicine (ACEM) acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our office is located. We pay our respects to ancestors and Elders, past, present and future, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

In recognition that we are a bi-national College, ACEM acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

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1. Background

On average, the Australian and Aotearoa New Zealand populations are getting older. This means more and more people have complex health needs that require high-quality health care.

Too often, older people needing medical care get stuck in waiting rooms or emergency departments (ED) when they should be receiving the care that they need in a hospital ward or where they live – in their home, aged care facility or community.

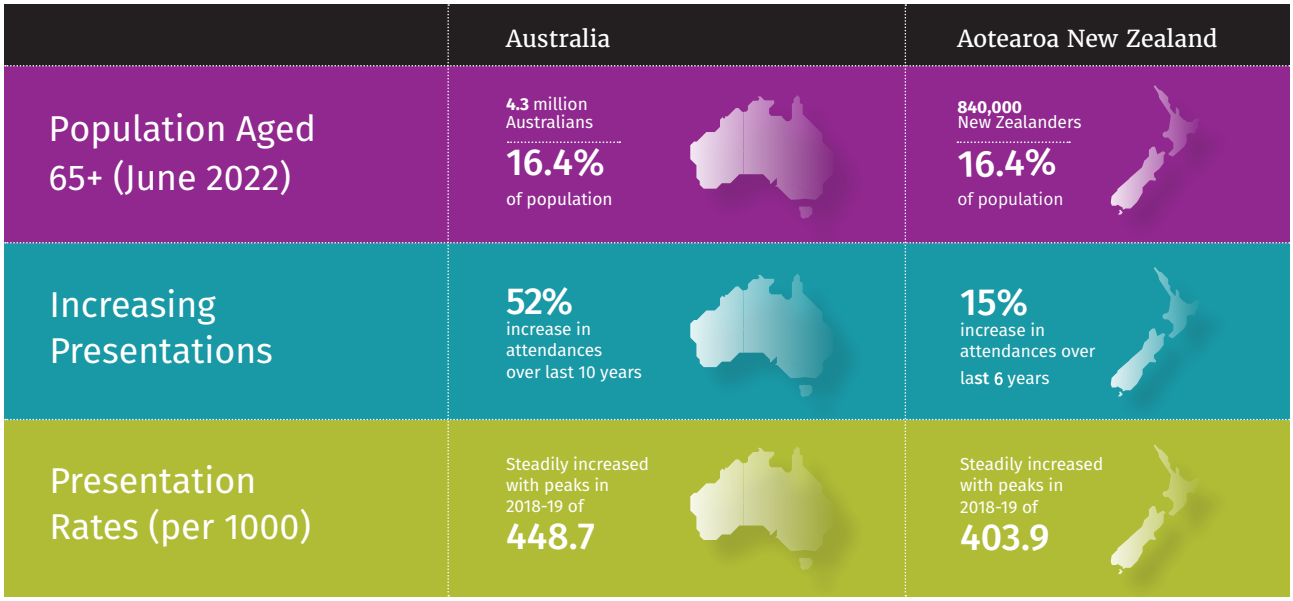
Primary healthcare, such as care delivered by GPs, is the most important component of healthcare for older people. When access to primary care is available on a regular basis, older people are less likely to require emergency department care. However, in the circumstances of acute emergent healthcare needs, the emergency department may be the best equipped and most appropriate place for this care to be delivered, where such care is outside the scope of the primary care provider to deliver.

Older people must have access to high-quality primary and acute healthcare that meets their needs, reflects their health priorities, and occurs where they want it and when they need it.

2. Older People and Emergency Care

2.1 Population and Presentations

- In June 2022 there were an estimated 4,260,545 million Australians aged 65+ (16.4% of the population).[1] In Aotearoa New Zealand there were an estimated 839,700 people aged 65+ (16.4% of the population).[2]
- The increasing demand for emergency services among older (aged 65+) patients is clear. The number of emergency department presentations in Australia increased 52% over the last ten years (n = 1.23 million in 2011-12 to n = 1.87 million in 2021-22).[3]
- In Aotearoa New Zealand the number of emergency department presentations by older people increased by 15% in the last six years (n = 271,606 in 2015-16 to n = 312,403 in 2021-22).[4]
- The rates of ED presentations by older people per 1000 population steadily increased over the years, with peaks in 2018-19 in Australia (448.7),[3] and in Aotearoa New Zealand (403.9) followed by small COVID-19 related declines.[4]
- Research predicts that there will continue to be an increase in the presentation rates of older people to the emergency department over the coming years due to the ageing population.[5]

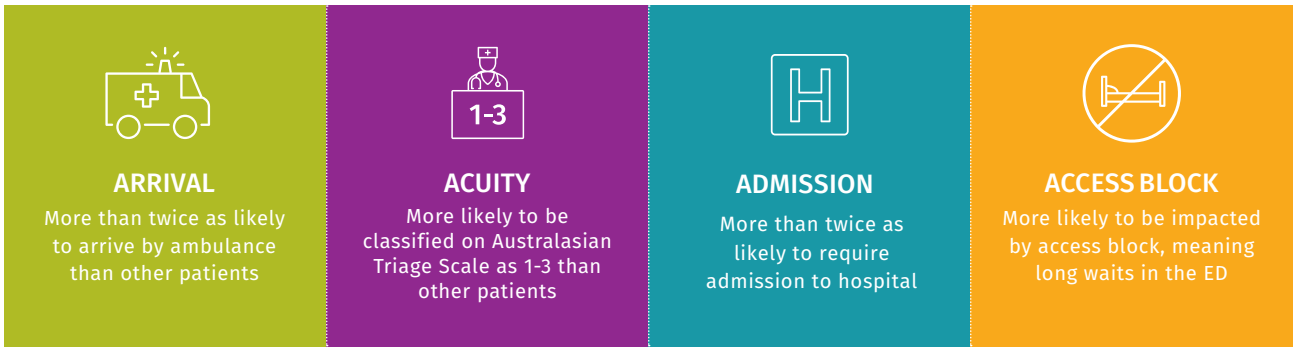


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2.2 Access Block and Ambulance Ramping

Access block is the situation where patients who have been assessed in the emergency department and require admission to a hospital bed are delayed from leaving the emergency department for more than eight hours due to a lack of inpatient bed capacity.

Older patients are significantly more likely to be impacted by access block than other patient groups. Access block is associated with significant subsequent harm and mortality.



2.3 Systemic Issues

The growing population of older people has increased the demand for healthcare, both in primary care and beyond. Older age is associated with increased frailty and complexity of health needs, and where acute healthcare needs develop, immediate attention through the emergency department.[6,7]

Hospital-acquired complications are higher in older people, including falls, delirium, and pressure injuries. The benefits of ED attendance and hospital admission needs to be weighed against the risks. Improved access to primary and acute care for older people at their place of residence, whether in the community or at a Residential Aged Care Facility (RACFs), can reduce the risks associated with transfers and hospital visits, and assist with reducing demand on over-capacity hospitals.

Primary healthcare is the main pillar for health care for older people, and when access to appropriate care is promoted, the incidence of issues requiring acute care is reduced. However, even in the presence of accessible, high-quality primary healthcare, older people will still periodically need access to timely acute care. The primary care systems of both Australia and Aotearoa New Zealand are in desperate need of significant additional resources to allow increasing demands to be met as the population ages.

One of the largest challenges for providing care in the emergency department is a lack of advance care planning – this includes, understanding the patient's wishes to ensure management is respectful of such wishes, and ensuring good communication with primary care and patient carers. Planning for health care through approaches such as advance care planning is essential, however this information must be available to hospitals in a timely manner to ensure that the care provided, aligns with the patient's wishes. This will also impact on the provision of high-quality palliative care during a patient's journey, and this also needs appropriate and secure funding.

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3. Recommendations

Improving health care for older people requires improvements across Australia and Aotearoa New Zealand's health systems. ACEM recommends:

- Fund increased access to clinically trained staff and appropriate systems in RACFs, including increasing care minutes by registered nurses and the use of nurse practitioners and increased timely access to GPs.
- Increase funding and rebates for primary care consultations to better recognise and support complex care.
- Introduce post-hospitalisation GP visits, within no more than seven days after any unplanned hospital admission.
- Fund rebates and services to improve the documentation and implementation of consumer preferences for care (for instance, advance care planning) in RACFs.
- Improve funding for access to high-quality palliative care services to be provided both in RACFs and via community programs.
- Fund programs to better integrate IT services across community, residential and hospital settings.
- Improve transitional communication between hospital and primary care (in both directions).

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