

## *Reducing the cost associated with care of elder patients in the ED: Impact of enhanced primary care in an aged care facility*

### *Background:*

*Frail, older people are at increased risk of complications when they require transfer for acute care from their residence, particularly for those in residential aged care facilities (RACF). Interventions that improve health outcomes and reduce potentially avoidable transfer to emergency departments (ED) are integral to managing an ageing population. The care coordination through emergency departments, residential aged care and primary health collaboration (CEDRiC) project coordinates care of the older person between:*

- i) A Nurse Practitioner Candidate (NPC) in one RACF providing primary care facility aiming to reduce unnecessary transfer to hospital with onset of acute illness, and*
- ii) Advanced Practice Clinical Nurses in the local ED providing a Geriatric Emergency Department Intervention (GEDI).*

*This presentation describes the economic impact on the ED, of the NPC intervention and explores the structures and processes that enhance care in the ED.*

### *Design & Methods:*

*Quasi- experimental, with an embedded qualitative component. Data collected included: i) patient level costing and covariate data from the ED information system and hospital databases, ii) semi structured interviews. Multivariate modelling of quantitative data and themes from the qualitative data pertaining to structures and processes from the intervention, will be presented.*

### *Results:*

*Older people who received NPC care in the RACF incurred less cost to the ED compared to other RACF residents and other people aged 70 years and over. These costs savings related to reductions in ED length of stay. GEDI staff reported enhanced communication and streamlining of care of older people from the RACF when NPC involved.*

### *Conclusion:*

*A NPC providing early intervention for older people in a RACF reduces the demand on EDs, time spent with older patients and saves money, thus freeing resources. GEDI nurses report the goals of transfer are more clear, facilitating targeted interventions, expediting care and improving turnaround.*