

Managing the older patient safely with NEAT.

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Background - NEAT

- National Emergency Access Target.
- By 2015, 90% of all patients will leave the ED within 4 hours.
 - Incremental introduction.
 - Currently 65% leave ED w/in 4 hours, overall*.
 - High variability between jurisdictions, hospital types and admitted vs discharged patients.

* Australian Institute of Health and Welfare, "Australian Hospital Statistics: National Emergency Access and Elective Surgery Targets 2012"

Perspective

It's not actually about ED...
...it's about the healthcare system.

ED is the door to the acute hospital part of
the system.

In this case, time is *not* the essence.

For a better ~~Party~~ System

Well, aren't hospitals are just one big party?

Target	Solution	Comments
Capacity	Bigger house	Expensive.
Efficiency	Well laid out house	ED: - Streaming, referral patterns, "pull" systems etc Inpatient: -Models of care, care pathways process management etc ... many attempts probably little room for gain.
Bigger ED	Wider door	Short term solution for demand variation.
Demand	Invite less people	Diversion: GP, superclinic, HITH, nurse on call, private system. ... but most patient's in ED are appropriate. Don't manage in ED.

Demand + Demographics

= Advanced Care Planning

Advanced Care Planning

- What treatments do patients want?
- What are we prepared to give them?
 - Holistically, for the individual;
 - What is the benefit?
 - What is the risk?
 - Quality or quantity of life?
 - Socially;
 - Cost vs benefit?
- Where do we do it?

Challenges

- Complex, emotionally difficult discussion.
- By whom and when?
- Recording of views and decision:
 - Valid and current.
 - Applicable.
 - Available.
- Balance societal pressures and individual values.
- ... but most individuals are reasonable and realistic

Questions.

- Are there identifiable patient groups whose care could/should be limited?
- Are there therapies that could/should be limited?
- How to limit?
 - Legislate, ration, policy, guideline, self regulation or community education?