

Key elements of the RIR service:

- Consultation with the resident, residents GP and family members
- A resident can then be referred to the service via telephone
- A nurse consultant triages the call and provides telephone advice or attends the facility to assess the resident
- Specialist assessment of the resident
- Development of a plan of care in consultation with the resident, their family, their GP and the RACF
- Discharge of the resident from RIR service, development of a management plan and transfer of care to appropriate services e.g.: hospital in the home (HITH), palliative care



The service will be run by two clinical nurse consultants from BRHS, and will operate Monday to Friday 0800 – 1630, with after-hours support offered by the Emergency Department triage nurse.

Referrals can be made to the RIR service by telephone, where the referrals will be triaged and the residents seen within an appropriate time period.

Telephone:

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Bairnsdale Regional Health Service is located on the traditional land of the Gunai Kurnai people.

We welcome feedback at

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The information in this brochure is intended as a guide to one of the services provided by BRHS and is correct at the time of publishing.

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Bairnsdale Regional Health Service



Residential In Reach Service

General Information

What is Residential In Reach?

The primary aim of the Residential In-Reach (RIR) Service is to improve the care of older people in residential aged care facilities (RACF) by providing acute care including assessment and advice; development of a management plan which may or may not include specialist consultation; education and support for staff to ensure residents receive the right care, at the right time and in the right place.

Many presentations or admissions to hospital from RACFs are preventable. Once a resident is removed from their home they are at risk of increasing confusion, falls, pressure injuries, infection and medication errors. Providing appropriate care for Residents in their homes is the main stay of the project.

RIR services are not intended to replace the care that the resident usually receives from the RACF or their own GP.

The resident's GP must be consulted prior to referral to the RIR team.

RIR is intended to be a team approach to providing and implementing management of acute/chronic medical conditions or address changes in a resident's health status that would otherwise see the resident transferred to hospital via ambulance.

What are our services?

The services our In-reach team can provide include, but are not limited to are:

- Physical Assessment at the RACF
- Advanced Care planning
- Examination post fall
- PEG advice & management/care
- Indwelling catheter/supra-pubic catheter management & advice
- Wound consultancy
- In service education
- Palliative care
- Intravenous access and antibiotics administration
- Dehydration assessment & management
- Bowel management
- Assist with access to a Geriatrician Consultant for advice, referral and review

- General clinical advice/triage line for RACF at all levels
- Assist RACF's to determine what equipment is required to assist them in providing more advanced care for the resident

Our aims and goals

The RIR team needs to be informed about any resident that is going to be transferred to hospital. In doing this we can assist in prioritising care for the resident which can help "fast track" the resident through the emergency department, prevent lengthy stays and delays, and where appropriate, prevent presentation and admission to hospital altogether.

Acknowledgments:

"Residential In-Reach Model of care"

Department of Health, (2013).

"Immediate Response Service

Clinical Manual" Western Health, (2013).

