



Older Patient Initiative Program Guideline

1. Purpose

This document aims to guide staff delivering the WA Country Health Service (WACHS) Older Patient Initiative (OPI) Program. The OPI program identifies, and with consent, supports and manages older people (+65) and Aboriginal people (+50) who present at regional Emergency Departments (ED). The goal of the OPI is to reduce or prevent ED hospital presentations and the potential for hospital admissions. This is achieved by the OPI following up older people who are identified as at risk and to see if additional support (including community-based assistance) is required which may prevent future avoidable ED presentations.

Care coordination, assessment, planning and intervention with those identified within the target group (and / or their nominated representative) are core tasks for OPI Team members. The program is guided by the following principles:

- The older person is at the centre of the decision-making process about their care and wellbeing.
- The wishes of the older person are of the highest priority unless there is documented medical evidence to demonstrate that the older person lacks decision making capacity.
- OPI involvement and care coordination will be a collaborative effort involving relevant health professionals working with the older person's formal network of support (e.g. medical staff, community health nurses, Aboriginal Liaison Officers and allied health team members), in addition to local community agencies (such as Commonwealth and local community services.) and / or statutory agencies (such as Police or Courts). OPI involvement will also include the older persons informal network of support, such as extended family, friends, carers, nominated representative and other individual support persons from the broader community.
- OPI services will be provided in a manner which is sensitive to the diverse population and cultural beliefs, values, practices and language needs of all people, including Aboriginal families, carers and community.

OPI follow up includes undertaking a review of the patient's functional status using the [MR42A Older Patient Initiative Follow Up Assessment](#) (or localised equivalent). Based upon the review, the OPI will make referrals to services for support or further specialised intervention. OPI intervention should be short and concise. This is because referrals to other services / supports made by the OPI are designed to reduce or prevent future ED presentations.

2. Guideline

2.1 OPI Eligibility

Patients are eligible for OPI involvement if the patient is an older person (+65) or an Aboriginal person (+50) in tandem with OPI clinicians reviewing the OPI Dashboard. The risk screen questions listed at [Appendix A](#) are designed to identify older people who are at risk of functional decline and may benefit from OPI intervention.

2.2 OPI Dashboard

The OPI Dashboard is automatically populated with data from webPAS. The data is comprised of OPI patient eligibility criteria and trigger words within a computer algorithm. This data is used to identify potential OPI patients. OPI program staff log in each weekday and check the OPI Dashboard for the relevant updated patient list. Prior to accepting a patient as suitable, the OPI clinician should refer to other Health Service (HS) patient management systems to support the screening and acceptance process.

Referrals to OPI can also be accepted from:

- inpatient or outpatient settings
- directly from ED
- self-referral following an ED presentation.

Patients who did not wait (DNW), discharged against medical advice (DAMA) or left at own risk (LAOR), may be included.

Referrals are screened by the OPI team by looking at patient risk factors and Health Service patient management systems such as: OPI Dashboard, webPAS, e-Referral, iSOFT, BOSSnet, Best Practice, etc. This information then informs the OPI as to the validity and suitability of the referral. Contact with My Aged Care (MAC) may be required in order to establish current aged care approvals, aged care services and / or current aged care providers.

In accordance with OPI Business Rules, referrals which are accepted as positive must be entered into webPAS to create service events which demonstrates activity and generates Activity Based Funding (ABF).

2.3 Key Performance Indicators

The OPI program's Key Performance Indicators (KPI's) are detailed within [Appendix B](#).

2.4 Referral Business Rules

OPI Dashboard based

- All eligible referrals accepted.
- Exceptions: Non-residents of Australia, people without a Medicare card, people whose injuries are related to workers compensation claims and motor vehicle accidents.
- All referrals screened for validity within 24hrs / next working day. All accepted referrals entered into webPAS within 24hrs (1 business day). All accepted referrals must be recorded as a Tier 2 Code (40.58 Hospital Avoidance) and nominated as a standard client. This will allow a maximum of 2 interventions / contacts. More than 2 interventions / contacts result in the standard event being closed and another created under complex care.
- Follow-up attempt with the client (either face to face or phone) should be within 1 business day following webPAS data entry.

Complex care

- Complex care is assigned to an OPI client (or nominated representative) when there has been ≥ 3 contacts (either telephone or face to face or a combination of each).
- Recording: The standard episode (40.58) needs to be closed and another (40.36) created.

It is acknowledged that there may be localised differences in relation to OPI Complex Care, but currently under OPI Guidelines the clinic codes (40.48 and 40.36) are the clinics which are set up to accommodate OPI Complex Care.

2.5 Standard assessment

The OPI client assessment is undertaken using the [MR42A Older Patient Initiative Follow Up Assessment](#). This is either a paper-based format or localised PDF digital version e-Doc. OPI Clinicians using the [MR42A Older Patient Initiative Follow Up Assessment](#) undertake a review for potential functional decline of the patient. In order to commence the assessment process, OPI clinicians should contact the patient (or nominated representative) identifying who they are, what Health Service they are calling from, their role and the reason for making contact. The OPI clinician should document the patient's consent (implied consent is applicable following patients ED presentation) and 3-point ID check (verbally confirm patients full name, address and DOB) as per the WACHS [Patient Identification Policy](#). Clinicians should use professional judgement / clinical reasoning as to the requirement for undertaking the initial review over the telephone or face to face. Where and when required, clinicians should make use of culturally appropriate processes / resources and / or interpreter services.

2.6 Intervention timeframes

All interventions between the OPI clinician and OPI patient / nominated representative, should be on a short-term / episodic basis (assessment followed by referral to appropriate support/s). Long term care coordination is not provided by OPI.

2.7 Referral to services

Upon completion of assessment and agreement of action items between OPI, patient and nominated representative, referrals are made to relevant internal and / or external agencies with the view that interventions from these agencies will provide input, supports and or assistance that will reduce the need for future ED presentations. Clinicians must seek the consent of the patient prior to making any referrals for supports or additional assessment services.

2.8 Closing the episode

The OPI does not engage in long term case management / care coordination. Interventions should be kept short and following appropriate referrals being made, the episode closed. A standard OPI episode should be closed within 30 days and an OPI complex care episode should be closed within 3 months. If the client re-presents, a new referral to OPI is made and new episode created.

Sites are responsible for the induction of clinicians to the program. This induction should include the use (where and when suitable) of WACHS clinically endorsed assessment tools.

3. Roles and Responsibilities

Regional Directors are responsible for:

- Ensuring policy implementation across their region.
- Monitoring and having oversight of compliance with the National Safety and Quality in Health Service Standards, (including the Aged Care Module) and the Aged Care Quality Standards.

Operations Managers are responsible at a regional level for:

- Ensuring policy implementation at all sites within their region and ensuring staff have access to and are able to interpret and apply legislative requirements related to this policy.

Aged Care Managers are responsible at a regional level for:

- Overseeing WACHS aged care services.
- Reporting to an Operations Manager or Regional Director.
- Ensuring that OPI services are delivered and KPI's are met.
- Acting as a point of contact for the region in the dissemination of information related to OPI Guidelines.

Line Managers / Senior Clinicians are responsible for:

- Ensuring that team members who they line manage are familiar with these guidelines and any related policy and legislative requirements.

All Staff are required to:

- Comply with this guideline and any related policy and legislation to ensure their professional and legal obligations are met, and they provide evidence-based quality care.
- Practise within the framework and boundaries of their profession and / or designation and are accountable for providing care within their scope of their professional and individual practices.
- Comply with responsibilities and duties as specified within individual registered Job Description Forms (JDF) with required competencies and context of practice clearly defined.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of compliance with this document is to be carried out by the Senior Project Officer at WACHS Corporate Office by reviewing and reporting to WACHS Executive on monthly KPI data.

4.2 Evaluation

The evaluation of this document is to be carried out by the Senior Project Officer at WACHS Corporate Office using the following means:

- Seeking the input and guidance of the WACHS OPI Coordinator group.
- Data analysis of the OPI clinical and KPI Dashboards

5. Compliance

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance. In the clinical context, where a patient's management should vary from an endorsed WACHS guideline, this variation and the clinical opinion as to reasons for variation must be documented in accordance with the WACHS [Documentation Clinical Practice Standard](#).

This guideline is a reference document. Aspects of the document such as patient screening, referral pathways, statistical recording and KPI's should be followed. Other program details are provided as a suggestion of how the OPI program could operate. Site based nuances in relation to program operation are acceptable but should also be reviewed routinely.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

[Patient Identification Policy](#)
[Quality Standards | Aged Care Quality and Safety Commission](#)
[The NSQHS Standards | Australian Commission on Safety and Quality in Health Care](#)

7. Definitions

Term	Definition
Intervention timeframes	OPI interventions are episodic and include assessment followed by referral to appropriate support/s
First contact	Refers to any contact make with the patient or significant other e.g. Telephone call.
e-Doc	Electronic documents.

8. Document Summary

Coverage	WACHS wide
Audience	Director Aged Care Regional Aged Care Mangers OPI Coordinators OPI Clinicians WACHS Senior Project Officer - Aged Care
Records Management	Non Clinical: Records Management Policy Clinical: Health Record Management Policy When an OPI member is offsite, information should be secured as per Health Record Management Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	WA Health Compliance Management Policy MP 0007/16 Code of Conduct Policy MP 0124/19 Integrity Framework
Related WACHS Policy Documents	Documentation Clinical Practice Standard. Patient Identification Policy
Other Related Documents	Nil
Related Forms	MR 42A WACHS Older Patient Initiative – Follow Up Assessment
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 1902
National Safety and Quality Health Service (NSQHS) Standards	1.01, 1.02, 1.03, 1.04, 1.05, 1.06, 1.07, 1.08, 1.09, 1.10, 1.11, 1.13, 1.14, 1.15, 1.16, 1.19, 1.20, 1.21, 1.22, 1.23, 1.25, 1.26, 1.27, 1.29, 1.30, 1.33, 2.01, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.10, 3.15, 3.16, 5.01, 5.02, 5.05, 5.07, 5.08, 5.09, 5.10, 5.11, 5.12, 5.13, 5.14, 5.21, 5.24, 5.27, 5.29, 5.31, 5.33, 6.03, 6.09, 6.11.
Aged Care Quality Standards	1.1, 1.2 a-c, 1.3 a-f, 2.1, 2.2, 2.3 a-e, 6.1, 6.2, 6.3 a-d, 7.1, 7.2, 7.3 a-e.
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	22 May 2023	22 May 2023	First version

10. Approval

Policy Owner	Chief Operating Officer
Co-approvers	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	Senior Project Officer Aged Care
Business Unit	Aged Care
EDRMS #	ED-CO-22-466594

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This document can be made available in alternative formats on request.

Appendix A: Referral Risk Indicators

≥ 50 for Aboriginal person's and ≥ 65 for non-Aboriginal person
Recent ED presentation

Presentation or history of patient:

- Has caring responsibilities or has a carer.
- Needing more help than usual to take care of themselves.
- Has had a slip, trip or fall in the past six (6) months.
- Have impaired mobility, transfer or walking ability.
- Has an incontinence or constipation problem.
- Appears to have memory problems or confusion.
- Experiences difficulties or accidents due to poor vision or hearing.

Appendix B: OPI Program KPI's

The program currently has one reportable KPI:

- ≥ 50% of patients screened in ED.

The program is currently introducing additional KPI's. At this point in time, these KPI's will be known as Performance Measures or trial KPI's. Following a trial period and evaluation process they may be adopted as reportable KPI's. These additional KPI's are designed to give a better view of the program's effectiveness. The KPI's are:

- 50% of **accepted** referrals received OPI first contact within 72hrs.
- <50% of screened patients (or those accepted as positive risk screens from OPI Dashboard) re-presented to ED within 72 hours of original ED episode.
- <50% of screened patients (or those accepted as positive risk screens from OPI Dashboard) that were discharged home from ED, represented to ED within 30 days of 1st OPI contact.