The Plug-in.

Better way urgent care

Consumer Insights Report

V 1.1 19 April 2023

Author: Sharmilla Zaluski

For: Flinders University

Flinders University

Government of South Australia

Health
Southern Adelaide
Local Health Network

The Plug-in.

COTA SA's social enterprise The Plug-in, is a specialist market insights operation which connects older people with business, industry, and researchers. We give older people an influential voice and enable clients to innovate and improve products, services, and policies for the growing 50+ market.

The Plug-in draws on its own 'Influencer' community of people aged 50+ that is demographically diverse to reflect the general population and ready to 'plug in' to client projects, by providing their insights and experience.

Since start-up in 2017, we have delivered projects for clients across aged care, health, government, banking, legal, technology, urban planning, lifestyle, and retail.

Every project delivered by The Plug-in supports the important work of COTA SA, advancing the rights, interests, and futures of more than 698,000 South Australians.

The Plug-in is a member of ADIA, the Australian Data and Insights Association.

The Plug-in, Powered by COTA SA
Level 1, 85 Hutt Street Adelaide SA 5000
08 8224 5588
connect@theplugin.com.au
theplugin.com.au

ABN: 28 426 218 581

The Plug-in.

Contents

The Plug-in.

1. Executive Summary

The Plug-in, supported by Flinders University, engaged with older people to understand what is needed to design urgent healthcare services that meet their needs and preferences. This report provides consumer insights into the challenges of older people accessing urgent medical care, key considerations, and recommendations for the design of person-centred urgent healthcare services.

The Plug-in's consumer engagement found that older people desire healthcare services that are responsive, skilled to work with their demographic, and fundamentally support their quality of life.

Emergency Departments (ED) are often seen as the only option for accessing urgent medical assistance. Although relied upon, older people expressed they actively avoid ED to circumvent ramping, long uncomfortable wait times for assistance, or the general chaotic environment which adds stress to older people when ill or injured.

The key attributes of a well-designed service for people aged 65+ are:

+ 24/7 access to urgent healthcare services outside of hospital settings, bypassing ED where possible.
+ Services delivered by healthcare professionals specially trained to work with older people with person-centred approaches to their care.
+ Communication and information from the service must be clear, consistent, and respectful.
+ Comfortable and calming environments for reducing any additional stress during times of ill-health.
+ Services should be available in one location, efficient, and be supported by technology to make processes seamless.
+ Family, friends and/or carers should be involved where appropriate, and the flow of information back to individuals' GPs to ensure continuum of care when discharged from a service.
+ Follow up from, and ways to connect back to a service post-discharge, and ongoing support throughout recovery (e.g., virtual care).

This report is part of a broader research project – 'There must be a better way' – and supports the evaluation by Flinders University of new models of urgent care to understand if they align with the needs and preferences of older people.

2. Background

There is existing evidence of improved outcomes for older people when healthcare interventions outside of ED are enabled to treat illnesses, injury, and rehabilitation. It is also observed that many older people have adverse experiences in Emergency Departments, be it ramping/wait times, negative interactions, and/or environmental factors. The Southern Adelaide Local Health Network (SALHN) initiated an Urgent CARE Unit to help respond to this issue during the COVID-19 Pandemic.

In February 2023, The Plug-in engaged with older people living in southern metropolitan Adelaide to understand what is needed to design urgent healthcare services that specifically meet the needs of people aged 65 and older.

The Plug-in's investigation into consumer experience is supported by Flinders University and forms part of a broader research project, "There must be a better way", to understand and evaluate optimal ways to support older people accessing these types of services, such as the Urgent CARE Unit. The research is led by Chief Investigator Professor Craig Whitehead, Flinders University, and funded through the Medical Research Future Fund.

The Plug-in contribution will help answer research question one: 1. Does the new urgent care model align with older consumers' needs and preferences?

Other questions investigated as part of this research include:

2. Does a digitally enabled ambulatory urgent care model for older people lead to adverse effects including secondary transfers and carer strain?
3. Does the new urgent care model reach the intended populations and are they equitable for culturally and linguistically diverse (CALD) and Indigenous populations?
4. Does a digitally enabled urgent care and virtual rehabilitation model for older people promote communication between hospital staff and general practitioners?
5. What workforce and process of care changes are necessary to support digitally enabled urgent care for older people?
6. Is a digitally enabled virtual rehabilitation ward a feasible and acceptable model for delivering rehabilitation services to older people?

This consumer insights report contains the findings of The Plug-in's engagement activities with consumers and contributes to research question 1. The overall outcomes of the research (including questions 2, 3, 4, 5, and 6) will be available in 2024 and supported by a video production to help translate and disseminate the research outcomes to consumers.

Key Definitions

For the purpose of this report:

+ A consumer is a person aged 65 and older seeking medical attention for an urgent healthcare injury or illness. In this report, the terms consumer/s and older person/older people are used interchangeably.

+ Urgent care (or healthcare) refers to medical attention that is needed promptly and typically results in phoning 000. Urgent care requires timely, same-day treatment but does not include life-threatening emergencies. For instance, a badly sprained ankle or a fall would be considered an urgent care case and typically require same-day attention and a hospital visit. Urgent care needs do not include more minor ailments, such as a skin rash or ear infection that can be treated by a general practitioner (GP).

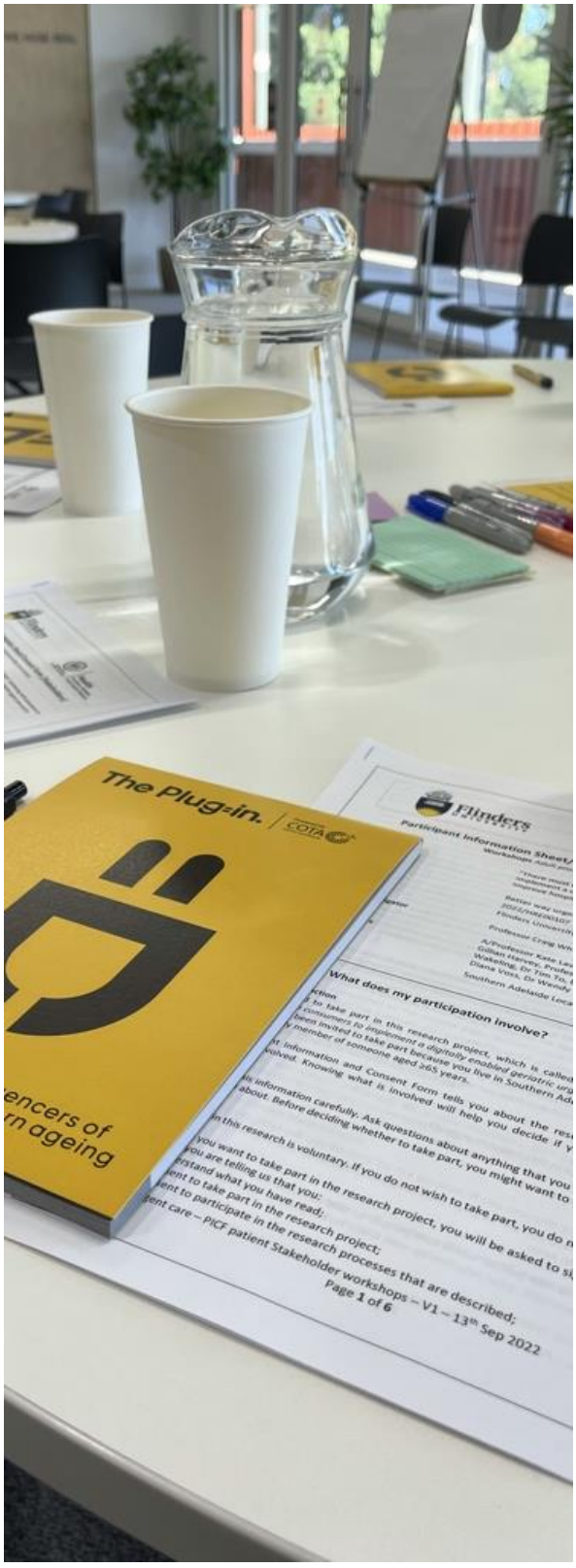
About the Urgent CARE Unit

The Urgent CARE Unit is a model of service to treat people aged 65+ who need urgent medical attention for non-life-threatening injury or illness. The service was implemented during the COVID-19 pandemic to help alleviate pressure on the healthcare system in the Southern Adelaide Local Health Network (SALHN) catchment area. It operates outside of the Flinders Medical Centre Emergency Department (ED) at the Repatriation Health Precinct (REPAT) by diverting eligible consumers into the Urgent CARE Unit, bypassing ramping and wait times in ED for treatment.

The service is referral based by paramedics or clinician following triage of a consumer. It is a small six (6) bed ward operating at the REPAT between 8:00am to 10:00pm, 7 days a week during which the service will be offered by paramedic or clinician for eligible consumers based on availability of the service.

The Urgent CARE Unit service is supported by the Eyes on the Scene Outreach Team comprising specialist allied health/nurses who visit patients at their home or in residential aged care facilities. The team supports patients to remain at home by enabling virtual care and telehealth consultations to geriatricians. This team also supports consumers of the Urgent CARE Unit as they transition to home to continue recovery from illness or injury.

3. Methodology + engagement design



The Plug-in ran three (3) workshops with consumers to understand their needs and preferences for urgent healthcare.

The engagement design and facilitation were based on World Café methodology to gather qualitative insights from consumers, guided by facilitators.

Each workshop had a target of 12-15 participants, with two (2) facilitators to guide activities and hear the perspective of each participant.

Recruitment targeted people aged 65+, living in the Southern Area Local Health Network (SALHN), with a range of healthcare and technology experience. There was significant community response to participate in this research. Most respondents identified as female; in a second recruitment drive, The Plug-in targeted male consumers to balance representation.

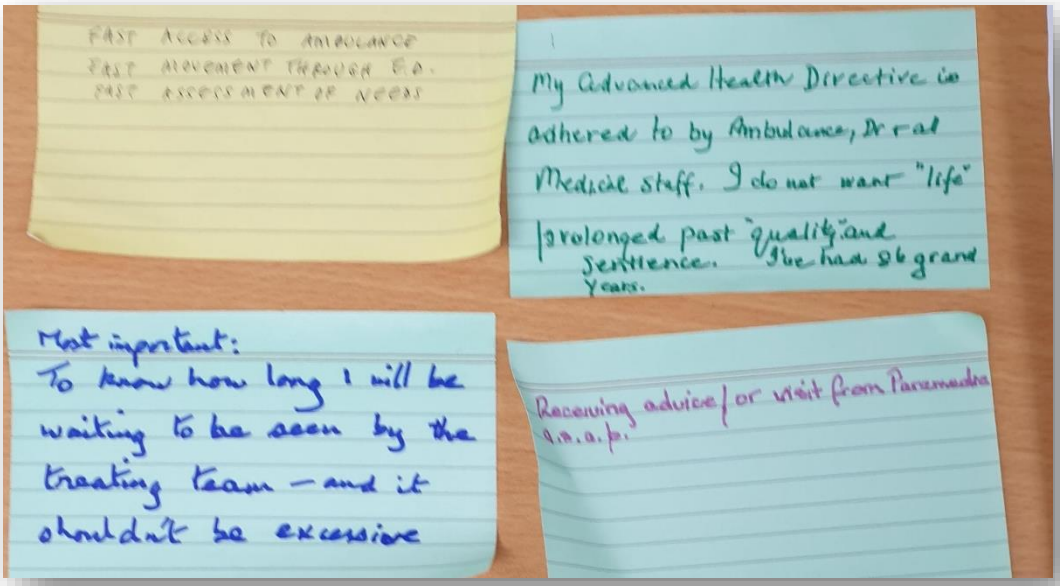
In collaboration with Professor Kate Laver and Dr. Leanne Greene, three (3) engagement activities were designed to gather key insights from consumers.

The Plug-in's facilitators used these activities to openly explore consumer experiences of healthcare: what works well; what hasn't worked in the past; what is critical for the design of urgent healthcare services for consumers aged 65+; and what the look and feel of these services should be.

Activity 1. Healthcare tailored for me!

Individually, participants shared what was most important to them when accessing and receiving healthcare services.

Facilitators then led a group discussion with each table to further explore themes and understand the critical considerations for designing urgent care services for older people.



Activity 2. Journey map

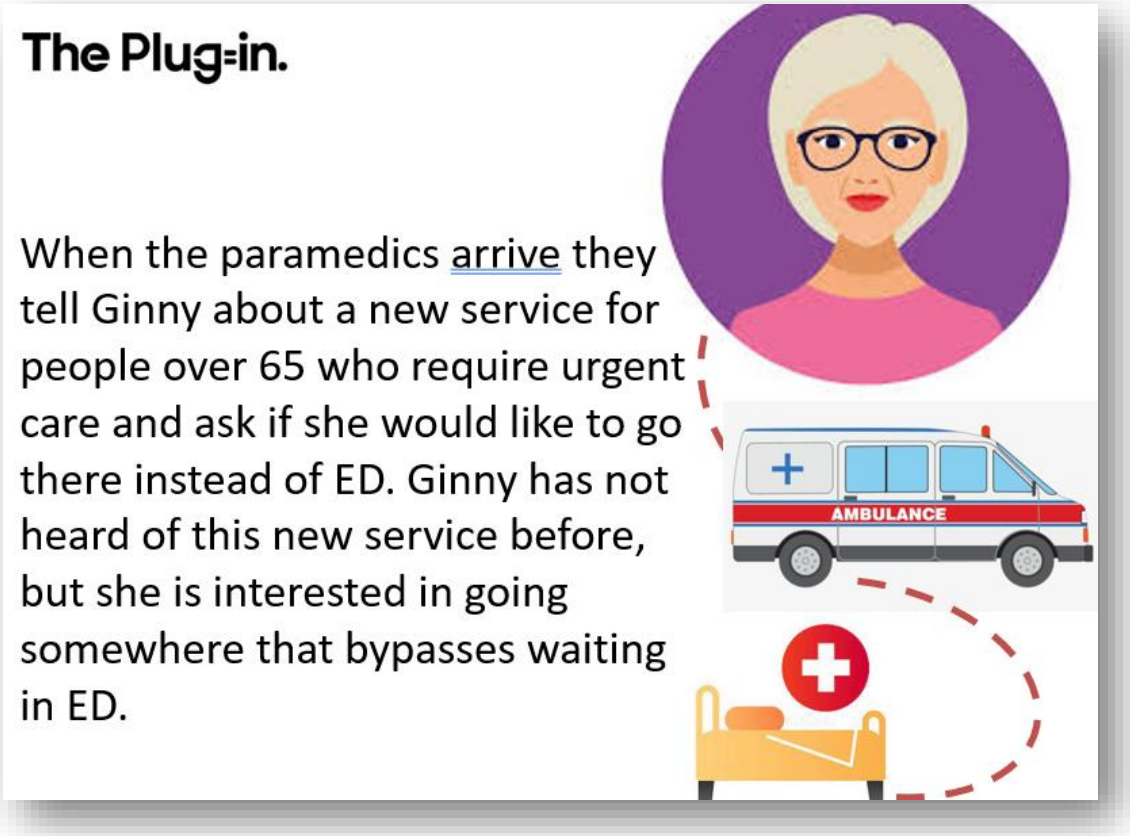
In this activity, facilitators guided participants through an urgent medical scenario to learn from consumers about what they needed from urgent healthcare services. This explored their perspectives on optimal care and what future services *should* look like for people aged 65+.

Activity 3. Meet Ginny

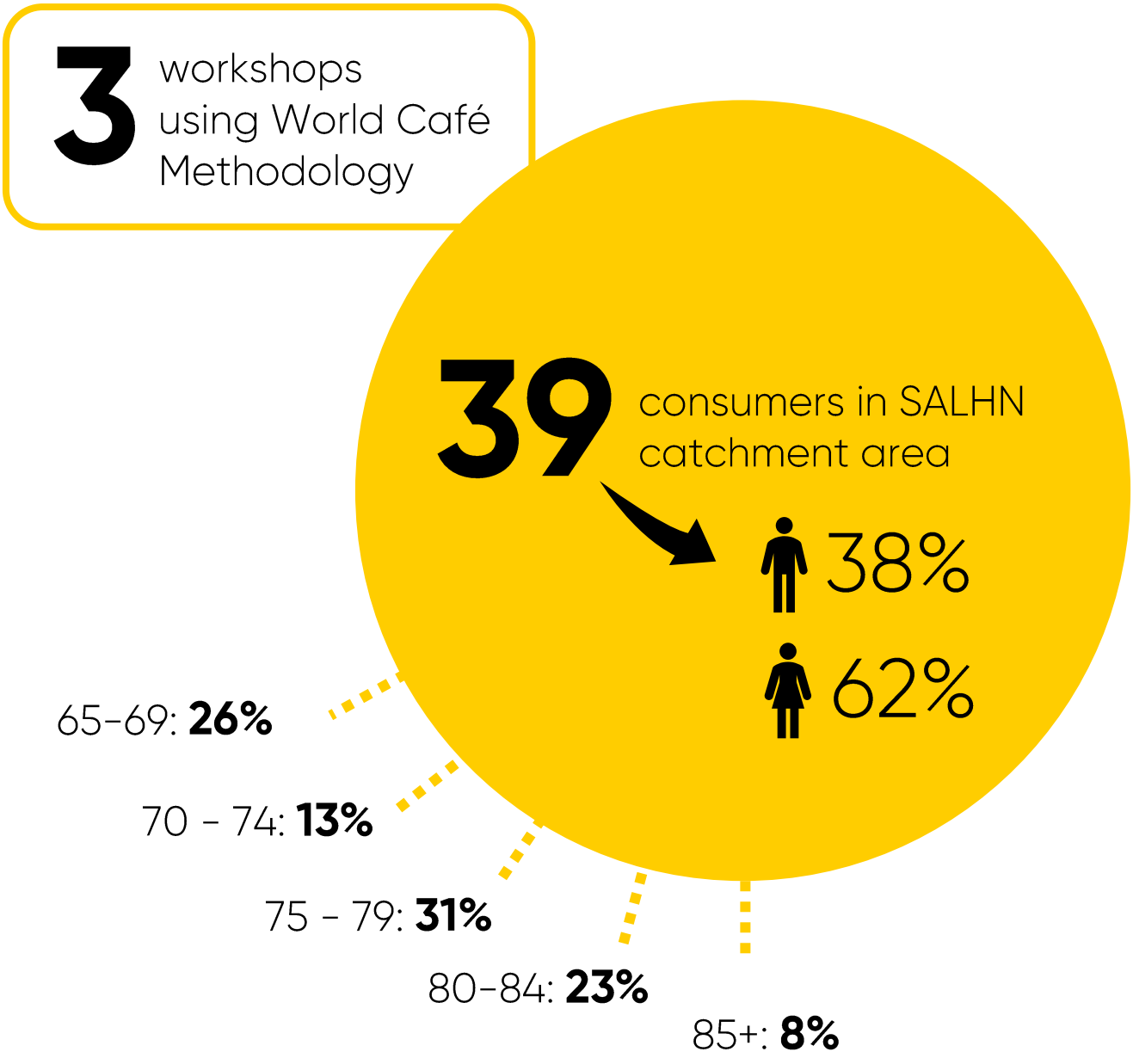
This was a persona activity which allowed participants to think through "Ginny's" circumstances and share their views of what Ginny needed from urgent care services.

We introduced participants to the Urgent CARE Unit service for additional context which allowed us to explore:

a) What information Ginny would need from paramedics to feel comfortable to choose the service?
b) What does the physical environment look like? What does it sound like? What does it feel like?
c) Does Ginny have anyone with her at the service? Who else needs to be involved?
d) What does the service do for people 65+ that sets it apart?
e) What happens after Ginny has left the service?



4. Demographics



“I didn’t even go. I rang up and cancelled because I realise that there’s so many people that might probably be worse than me, and so I thought whatever happens, happens. [...]

You don’t always need to go to hospital. You just need, quite often, advice if you think you’ve got an emergency. Not being a qualified doctor, I mean, my blood pressure was 210. That to me was urgent. I prayed! <nervous laugh> I, I went to bed and hoped I’d wake up in the morning.”

Leah, Workshop 1

Leah called 000 and was advised of a 4 hour wait for an ambulance. She called back to cancel the ambulance and take a chance overnight until she could see her doctor the next day.

5. Key Consumer Insights

Throughout the workshop activities, participants repeatedly expressed that services should be delivered in a timely and prompt manner, with expert triage, clear and respectful communication, set expectations around wait times, and consideration of individuals' comfort while waiting for assistance.

They highlighted areas of service that can be problematic for older people when seeking medical assistance. Special consideration should be given to the physical environment to eliminate additional stressors; the skillset and personal attributes of medical staff to work with older people; adaptable processes to support individual's comfort; follow up and ability to contact a service following discharge; and understanding of individual home situations to consider what other supports are needed.

The following section outlines consumer expectations of good healthcare, what staff and services are needed within an urgent healthcare service, how it might look and feel, and what helps consumers feel confident when leaving a service and going home. We also explored what was important for consumers to know about an urgent healthcare service to feel comfortable choosing it instead of going to ED.

Some matters raised by participants were out of scope of this research, relating to concerns of government funding and frustration at a seeming lack of response to improve the current state. We acknowledged this, and helped focus participants to consider what their ideal urgent healthcare service would need to meet the needs of people aged 65 and over.

5.1. Understanding older consumers + their needs

Our workshop participants drew on their past experiences to articulate preferences for accessing and receiving urgent medical attention. Many experiences involved ED and hospital admissions.

Choosing urgent healthcare services

From these discussions, we heard that older people rely on the acute healthcare system on certain occasions because it allows them to access medical help quickly, and because it can be difficult to get appointments in primary care due to increased community demand or the time of day if assistance is needed outside of business hours.

"I think they key thing for our age group, going back to my point about the 24-hour, is this the one time of the day that we know locums are very hard to get and- and GPs won't come out."

Hazel, Workshop 3

When healthcare does not work

What does not work for older consumers are chaotic, crowded, and noisy environments of ED, long uncomfortable waits alongside extremely distressed patients, and the hurried interactions with medical staff who are dealing with a wide range of age groups and situations. Some participants described recent experiences in ED with additional pop-up waiting rooms to cope with the amount of people waiting for medical attention, as well as waits of more than 6 hours for treatment with no basic needs met such as refreshments or toilet facilities. Others discussed their experiences of other patients that added concern and sometimes feeling unsafe in ED.

"The last time I was at Flinders, and they had no beds… so there were 37 of us in the day care area with all these babies.

And in the middle of all of this, they brought a girl with a mental health issue and she then proceeded to scream and scream and scream and scream and eventually, they did move her out of there…"

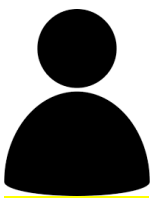
Tanya, Workshop 1

While this type of environment is not ideal for health consumers of any age, workshop participants expressed this particularly adds stress to older people as they may not have a support person (family/friend/carer) to assist them. For example, access to toilet facilities, refreshments, or items to assist comfort such as pillows and blankets, is difficult to access as ED staff are busy and cannot always support consumers waiting for medical attention. Lack of access to basic amenities often exacerbated the experience of common conditions faced by older cohorts, such as diabetes and arthritis, worsening the level of pain and distress experienced during medical emergencies.

"I think for aged people, and I'm speaking again about my husband who is 23 years older than me. He'd had a stroke. Now, when- when you're very old - as he was - to be in amongst all these people that are either vomiting or noise, it's not suitable for elderly people."

Sheree, Workshop 1

5.2. Exploring the attributes of quality urgent healthcare

	**Availability**	24/7 access to medical assistance (not ED) Someone who can help troubleshoot my condition, give advice and direct my next steps
	**Expert Care**	Knowledgeable medical professionals with specialised training to work with older people Holistic care - consider mental and spiritual wellbeing, not just the immediate physical needs Services in one location, such as pathology and imaging Connect, or provide information, to external services that may be able to help support recovery
	**Clear Communication**	Expectations set on timeframes/waiting periods Regular updates + reassurance Consistent, clear information throughout care Respectful, non-ageist language
	**Responsive + Receptive Service**	Fast response Triage on arrival Welcoming (I'm not an imposition) Automatically populate forms with known information (Medicare, My Health Record, etc.)
	**Comfort**	Environment is quiet + calm Spacious, with greenery and/or artwork Comfortable furniture, access to toilet facilities, and refreshments offered
	**Technology**	Supporting the efficient delivery of services, care, and recovery
	**Understand me**	Listen to my experience and what I know about my own body and medical history Find out about me and any surrounding factors that may add stress to situation (e.g. living alone, pets, transport) Keep any medical aids on my person or nearby unless absolutely necessary to remove

"...it needs to be attended by someone who knows what they're doing and who knows how to deal with the underlying anxiety. Because too often you'll find somebody that will come in and attend to what they *think* is happening and not listen at all to what you're saying, not respect the person there."

Violet, Workshop 2

The Plug-in.

5.3. Ideal consumer journey through an urgent care service

000
(or clinician referral)

Home!

- Door to door transpo
- Contact details of the service
- Virtual care
- Support services

On arrival...

- Comfortable furniture
- Prompt triage
- Pain relief (if needed)
- Use available information to populate forms

Prepare for home

- Discharge plan
- Monitoring devices/aids
- Contact details for service
- Follow up appointments

Who?

MULTIDISCIPLINARY TEAM

Geriatricians, Consultants, Psychologist, Occupational Therapists, Physiotherapists, Social Workers, Pastoral Care.

Others?

- GP involvement
- Family/friend/ carer
- Support role for consumers who don't have family or carers to help advocate

Services?

- Pathology
- Imaging
- Pharmaceuticals
- Medication review
- Translation services

+ Smiling, friendly faces
+ Aesthetics are welcoming
+ Greenery + artwork
+ Efficient

+ Quiet
+ Opposite to chaos of ED!

+ Spacious
+ Less clinical
+ Reassuring
+ Calm

5.4. Elements of the ideal consumer journey

We asked each participant to consider and describe what is required to meet the needs of people aged 65+ at each stage of interacting with an urgent healthcare service. Participants articulated similar offerings to current acute care options, but in a very different environment to emergency departments, designed to be person-centred and empathetic. Urgent healthcare services need to empower the consumer using the service and staff to adapt processes to reassure and better meet the needs of older consumers.

Access to the service

The Urgent CARE Unit service is currently triaged by clinician, paramedic, or in the ED. However, many workshop participants expressed that they are unlikely to come into contact with these triage points because they avoid the ED if possible, or at least avoid ambulance use.

Increased consumer awareness of the Urgent CARE Unit may help break down barriers to dialing 000 or hospital avoidance, which could result in urgent medical situations becoming emergencies with possible diminished outcomes for individuals.

Participant feedback indicates that there would be benefits to promoting and raising awareness of the CARE Service, to educate the community about care options, but also for helping inform eligible consumers of alternative care and empowering consumers to request referral to the service if available.

"I would be happy to go there [CARE] for them to monitor me for a few hours, give me some medication to bring my blood pressure down, which they did in the [private] Hospital at a massive cost, as you know, and then left me outside to get a taxi home."

Marianne, Workshop 1

Information to support choosing the Urgent CARE Unit

Workshop participants were enthusiastic about the CARE unit and shared what would be important to know about the service to make an informed choice over ED.

+ Cost of the service
+ Public or private
+ Where is it located?
+ What medical professionals and services are onsite?
+ Will I be transferred and transported to hospital if needed?
+ What is the wait time?
+ Is the service competent?
+ Is it 24/7? What happens when it closes if I am still unwell?
+ The service is specialised to care for older people

Key insight:

Some older people opt for private emergency departments to avoid long waits in the public system, despite the cost to them of doing so. For others, affordability impacts the ability to seek medical attention elsewhere.

It is important to be clear that the Urgent CARE Unit is part of the public healthcare system to help reassure people when making a choice between ED or a service they haven't heard of.

Who is needed in an urgent healthcare service?

These are the various roles and services that participants feel are essential to an urgent healthcare service:

+ Registered nurses
+ Geriatricians
+ Specialists / consultants (e.g., orthopedics, cardiology)
+ Mental health services / Psychologists
+ Social workers
+ Occupational Therapists
+ Physiotherapy
+ Pastoral care
+ Involvement of regular GP (notification at a minimum)
+ Involvement of a family member, friend, or carer
+ A role designed to help make you comfortable or advocate for needs (particularly for those who don't have to support of a family member/friend/carer)

What other services are needed onsite?

+ Pathology
+ Imaging
+ Pharmacy/medication (including review of current medication)
+ Translational services (Interpretation)
+ Advice and connection to external services / rehabilitation
+ Transport (door to door service)
+ Medication management (review of current and new)
+ A connection back to the service to troubleshoot concerns that may arise

Confidence to return home

Consumers explained that a desire to return home can be coupled with feelings of apprehension about the transition, especially when feeling quite unwell or physically limited by injury. Several participants shared that they live alone, sometimes with no family to provide additional support, making it difficult to get help if a condition deteriorates, or a limited ability to do daily tasks during recovery.

There are ways of helping consumers feel confident to return home:

- Follow up within 24 hours from the service to check on the condition and progress,
- A way of contacting the service to discuss any concerns that may arise related to their condition,
- Discharge summary and plan provided at discharge to patient and their GP
- Virtual care: ongoing support during recovery to monitor symptoms through the use of physical aids, medical devices and technology
- Provision of advice and help connecting to external services where needed (e.g. rehabilitation stays for people who need extra support)
- Transport home is organised – door to door service
- Medication control and review – how do current medications work with anything else being prescribed?

Key insight:

Receiving contact from a service within 1-2 days of discharge and having a way to call back through to the service if concerns arise, helps consumers feel confident to return home.

"I- I do think that we need another rehab – when I say rehab, somewhere to go after you've been in hospital, not because you are ill, but certainly because you need somebody to help you, maybe, for a week to recover from whatever it is and then you can go home, because I would say most of us don't have anyone at home."

Leah, Workshop 1

6. Recommendations for a person-centred urgent healthcare service

When considering the design of urgent healthcare services for older people, there were recurring themes that participants focused on, recommendations for which are provided in the following section:

1. I am me (not my illness/injury)
   Consumers want human-centred, personalised treatment that focuses on quality of life.
2. Communication + Information
   Consistent clear language, respectful interactions, and involvement of support people where appropriate.
3. Technology + Virtual Care
   The use of technology and virtual care to support recovery from injury and/or illness, but processes must consider individual preferences and be adaptable for consumers who are not be comfortable using technology.
4. Highly skilled resources + attractive work conditions
   Consumers feel strongly that people need good working conditions and remuneration to attract a highly skilled workforce.
5. External supports
   Links to other services are important for assisting in recovery, particularly for consumers who have limited supports to assist when they return home.

> "I want to be treated as a person and not just an illness or an accident' … the specialist had been amazing, I'm not faulting them, and they've cured the cancer or got rid of the cancer - but they are still treating the cancer, they're not looking at me as a person."
>
> Tanya, Workshop 1

6.1. I am me (not my illness/injury)

There was consensus among participants of ageist experiences from some medical professionals – what treatment *could* be provided, but is it *worth* doing?

Participants shared experiences in healthcare that left them feeling healthcare options are weighed against risk and age. For example, a procedure or treatment that could improve quality of life may not be offered if that medical professional's opinion is that it is high risk or based on an estimation of 'how much time' a person may have to live.

Participants acknowledged that while these actions may be well-meaning or unintentional, but it is a very negative experience of older people that options for treatment may be prolonged or put off instead of prioritising quality of life. If it is a matter of significant risk, it feels a decision is made *for* the consumer instead of it being an informed decision that they make for themself.

The design of services and the way in which consumers are interacted with has significant impact to their overall wellbeing and trust in the healthcare system.

Recommendation:

Ensure older consumers are kept well informed through their stay in an urgent health care service, actively involved in treatment plans, well informed of care options and any risks, and ultimately empowered decision-makers in control of their own health and wellbeing.

"...he said, "I won't do this right now," and I said, "Well, when are you gonna do that?" [...] You know I think he's stalling because he's probably saying, "Oh, is it worth it?"

Larry, Workshop 3, about concerns over ageism in care options

6.2. Communication + Information

Management of communication, and the gathering and dissemination of information is vital to positive interactions with consumers in an urgent healthcare service.

Sharing of written and verbal information in clear, consistent, and easily understood language helps keep consumers engaged and confident in a service. Workshop participants articulated the difference between easy-read information vs 'dumbed-down' content, and the importance of the former.

Regular interactions and setting timeframe expectations help reinforce connection to the service. Participants expect prompt triage, but that some waiting time may follow, so expected timeframes should be clearly communicated.

Participants told us an urgent healthcare service should investigate the home environment, living arrangements (if living alone or with others), and potential family tensions. This is an important consideration in the way services are provided, who is communicated with, what other services or supports may be needed to support an individual (pastoral care/social worker/psychologist), and what happens next for that person on discharge.

Ageist language was discussed vigorously in each workshop as a point of frustration. There was some acknowledgement that terms such as 'dear', 'love', 'mate', or 'buddy' may be used by healthcare workers to be familiar or caring, but participants were clear that these terms are demeaning to older people.

Participants spoke of past experiences of receiving information about their condition and next steps, but sometimes struggling to retain information as generally they are feeling unwell. Where appropriate, family, friend(s), or carer(s) should be involved in this process with discharge summaries and plans provided on discharge with copies to their GP.

Recommendation:

Interaction and inclusion of family/friend(s)/carer(s) when requested by consumer.

Clear, age-appropriate language used in verbal interactions. Consistent, easy-read written information (discharge summary and plans).

Notification provided to GP and follow up appointments made prior to discharge from a service to ensure follow up occurs.

'... I hate the feeling and it happens, no doubt, to all of us some time. Some people, be it staff or nurses or whatever, they treat you (because you're over 65) that you can't think for yourself, you can't speak for yourself, that you don't know what you're talking about "dear" and I've had excellent help, and the girls are gorgeous, but they do call me "Dear" and might call me "Sweetheart."'

'With the guys, it's "Bud" or "Mate, how're you doing?" And they ask your name, "What's your name?"

... So, I'm Howard...

They're like, "Hi, Howard. How are you doing, bud?" It's... it's as if they just don't want to know your name!'

'Yeah, it's, uhm, there's no connection. If they to me, "How are you going, Daniel?" I feel there's a connection.'

6.3. Technology + Virtual Care

In workshops, virtual care was explored as a way of supporting health outcomes. Some people had experience with telehealth appointments and could see the value of this, and for others virtual care was a new concept.

Virtual care processes need to be adapted to individual technical abilities. Participants acknowledged virtual care as a suitable part of urgent healthcare and recovery, providing good supports are established and processes are adaptable for those who are not comfortable using technology.

Most felt that technological solutions, such as home alarm systems, wearable alarms or smart watches, are helpful for health monitoring and receiving assistance if needed, i.e., isolated or unable to use a phone. Artificial intelligence and technology monitoring was raised multiple times as a hope for preventing major health events, providing early indication that there is a change in health, and as a means of notifying emergency services and family.

"The emergency security… See, on our one, not only did they phone an ambulance with it, they also phone my daughter. She was around before the ambulance, which is great. That was terrific […] that was really a great help. When we had to fill a form in, you know, next to kin, who do we contact, I'd forgotten all about that, she just turned up! Thank goodness, she made a cup of tea, she got the biscuits out, you know, and-and that was enormous relief, really. Irrespective of how urgent, it was just good to have another family member there."

Trevor, Workshop 2

There is, however, some level of distrust about using digital services, which needs to be considered when seeking to integrate technology solutions into urgent healthcare services. There are concerns about privacy and use of data/leaks when sharing personal information on digital platforms. An example of this is My Health Record. Some participants had opted out of this amid fear of data privacy and mistrust in the management and use of data, now or in the future.

One participant who had opted out of My Health Care explained she had felt validated in doing so at the time, but now reflected that *had* she opted in, her health information would be more easily accessible to herself, her GP and other medical practitioners, which would be beneficial to managing her health. At the time she did not trust the process but could see there may be value in it.

Recommendation:

Build trust with consumers on the use of technology to support continuum of care and recovery by being very clear about privacy, data use, storage of data, and who can access data.

Ensure there are appropriate supports to help consumers use virtual care tools and scale down the use of devices for people who are not comfortable with technology.

"You know, you've got – you can opt in or opt out [My Health Record] and of course I've got a bit nervous, and I said no, I don't like having all my information in the cloud or wherever, so I-I opted out and I […] I suspected other people have done that. So, they need to have some system where people feel confident that it's secure…"

Hannah, Workshop 2

6.4. Highly skilled resources + attractive work conditions

A workforce designed to support consumers aged 65 and older must have certain personal attributes – such as empathy - and specialised training to ensure personal interactions are respectful and reinforce consumer value as an integral part of society. Positive interpersonal interactions in the healthcare system instil confidence in the supports for recovery and continuing to live confidently in community.

Older people are concerned about the future of healthcare when it comes to quality of services. Participants articulated their view of mounting pressure in both acute and primary care and their concern it will result in healthcare professionals taking alternate career pathways outside of health, placing further pressure on the healthcare system. These summations are based on people's experiences of GP unavailability or wait times/ramping in hospital settings.

Participants articulated their desire for services to be well designed for older people, and the environment should be a positive workplace for staff delivering services. Remuneration was discussed as an avenue for attracting good people to work in services tailored for people aged 65 and over and well-resourced to reduce impacts on the workforce. Additionally, participants felt shifts should be shorter to improve workplace conditions, and a policy of no double shifts.

Recommendation:

Well-resourced and remunerated service to attract high-quality staff with a specialised skillset to work with older people.

"Actually, that's something that we haven't touched is, I don't want a doctor, and even the nurses, who already done – what did they have to do to 10 or 12 hours?"

"Yeah, some of them do 12-hour shifts..."

"That's ridiculous, if you're there at the end of the time-"

6.5. External supports

It is important to understand each person's home situation and what supports may be needed to ensure the safety and success of transition to home.

It was agreed that urgent healthcare services are needed 24/7 as urgent situations arise outside of standard business hours. This was also important for people who live alone and do not have the support of family or friends to help transport and access urgent and emergency healthcare services.

Particularly for people living alone, there is increased pressure when returning home to recover from recent illness/injury. Participants spoke of experiences returning home alone, only to have something go wrong, which increases stress and/or results in presentation to the ED. Some shared their strategies following an illness or injury to avoid being home alone, such as staying with family for a short time or for someone to stay with them at their home. For others, while they would like to have extra help, this personal support is unavailable.

Recommendation:

Gather information from consumers to understand their home environment and living arrangements. Connect and refer consumers to other services that will help ensure their return home is supported and successful.

"I always have a problem if I have to have a colonoscopy or something like that because they won't let you go home in a taxi. You have to have somebody to collect you that knows you. You know? And I find that difficult because I love my family but I kind of – I know where I am in the pecking order, so I don't tell them…"

Leah, Workshop 1

7. Next steps

This report will assist Flinders University in the evaluation of the Urgent CARE Unit to ensure the design of services align with the needs and preferences of people aged 65 and older.

The broader research evaluation and outcomes of the Better Way Urgent Care project is expected in 2024. A video production of the research is being overseen by The Plug-in to help disseminate research findings to consumers in January 2024.

Powered by COTA SA

Level 1, 85 Hutt Street
Adelaide SA 5000

Phone 08 8224 5582

connect@theplugin.com.au
theplugin.com.au