

Achieving Best Practice for Frail Elderly in the Illawarra and Shoalhaven

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Evidence based care – or service development

- Creating the evidence – research
- Understanding the evidence – training
- Applying the evidence – service delivery
- Barriers and enablers



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Where do we begin

- UK trained physician in General Medicine and Geriatric Medicine and Stroke Disease, Tertiary teaching hospital
- Urban city centre teaching hospital with very competitive appointments to Geriatric Medicine.
- Glasgow University Medical School hospital subdean
- Active research portfolio (creating the evidence) interests in under-nutrition and its impacts in the elderly



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Research - creating and understanding

- Routine protein energy supplementation in adults: systematic review. British Medical Journal, 317:1998:495-501.
- Influenza Vaccination of Healthcare Workers in influenza Vaccination of Healthcare Workers in Long-Term-Care Hospitals reduces the mortality of elderly patients. Journal of Infectious Diseases, 175: 1997: 1 - 6.
- Does vitamin D stop inpatients falling? A randomised controlled trial Age and Ageing 2007; doi: 10.1093/ageing/afm087
- Vitamin D deficiency in outpatients: A Scottish perspective. Scottish Medical Journal, 51[2]: 2006: 27-31.
- Protein Energy Supplements in unwell Elderly Patients A Randomized Controlled Trial. Journal of Parenteral and Enteral Nutrition, 25(6): 2001:
- Protein and energy supplementation in elderly people at risk of malnutrition. The Cochrane Library, (3). 2002. Oxford, Update Software.
- Serological Response to influenza vaccination and nutritional and functional status of patients in geriatric medical long term care. Age and Ageing, 28: 1999: 141 - 145.



Research - Applying the evidence

- Local hospital protocols around nutrition and Flu Vaccine staff
- Report to the Chief Scientist's Office, Scottish Office Home and Health Department. January 1998, Study Reference K/MRS/50/C2296
- Report to Scottish Executive Health department on the implementation of the Clinical Standards for Food, Fluid and Nutritional Care in hospitals – Written by Scottish Executive Departmental Steering group. Available from Scottish Executive. 2003
- Expert Scottish Office working group on Vit D supplementation.



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Arrive Illawarra Nov 2004 – regional and rural service huge geographic area

- No acute geriatric service
- No wards
- No colleagues actually working in Geriatrics
- No accreditation for interns, registrars or AT's
- Roadshow to Sydney services highly citycentric workforce
- How do we apply evidence based care?
- Can we actually use research to develop the service?



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Develop the Service - is there a demand for one?

- Demographically there is demand
- Community and Hospital understanding of the need and role of the service
- ACAT trial recognising the health needs of elderly
- Nurses perception of working in a Geriatric Unit
- MBI (Burnout inventory) looking at nursing stress in various different clinical settings dealing with elderly patients



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Use research to apply and develop the service

- Look at the parts of the service which we have running and accepted by hospital and community
- ACAT team (no regular link with Geriatric Medicine)
- Work with ACAT to do some data collection
- Background work with ED showed that 44% of community based elderly people referred to ACAT and triaged as needing routine ACAT review presented to ED before that review occurred.
- What does that mean?



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Five Screening Questions

1. Recent Falls or near falls
2. Change in ability to wash, dress or mobilise
3. Recent change in behaviour or cognition
4. Recent change in continence
5. Recent mix up with medication



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CHIME July – Dec 2006

Issue	Jul	Aug	Sep	Oct	Nov	Dec	Total
Daily living issue	131	141	139	97	112	95	715
Environmental issue	4	9	5	10	17	2	47
Access to counselling service	6	3	4	3			16
I51.9 Heart disease, unspecified	2	6	3		2	2	15
M15.0 Primary generalised (osteo)arthritis	4	2	2	1	3	2	14
Abnormality of gait & mobility		2			5	3	10
I10 Essential (primary) hypertension	2	3	1	1	2	1	10
F03 Unspecified dementia	3		1		2	1	7
E13.9 Other specified diabetes mellitus without complication	2	2	1				5
I64 Stroke, not specified as haemorrhage or infarction	2		1		1		4
G20 Parkinson's disease			1			2	3
Z00.8 Other general examinations			1	1	1		3
D48.9 Neoplasm of uncertain or unknown behaviour, unspecified	2						2
F00.9 Dementia in Alzheimer's disease, unspecified (G30.9+)			1		1		2
F09 Unspecified organic or symptomatic mental disorder		1			1		2
H54.2 Low vision, both eyes			1	1			2
I67.9 Cerebrovascular disease, unspecified				1		1	2
C39.9 Malignant neoplasm of ill-defined sites within the respiratory system	1						1
E14.9 Unspecified diabetes mellitus without complication				1			1
F01.1 Multi-infarct dementia					1		1
H40.9 Glaucoma, unspecified				1			1
I20.0 Unstable angina				1			1
I95.9 Hypotension, unspecified			1				1
J98.9 Respiratory disorder, unspecified				1			1
M13.99 Arthritis, unspecified, site unspecified		1					1
M48.09 Spinal stenosis, site unspecified		1					1
N19 Unspecified renal failure		1					1
R29.81 Falls				1			1
Z82.2 Family history of deafness and hearing loss						1	1
Total	159	172	162	120	148	110	871

Multi infarct dementia

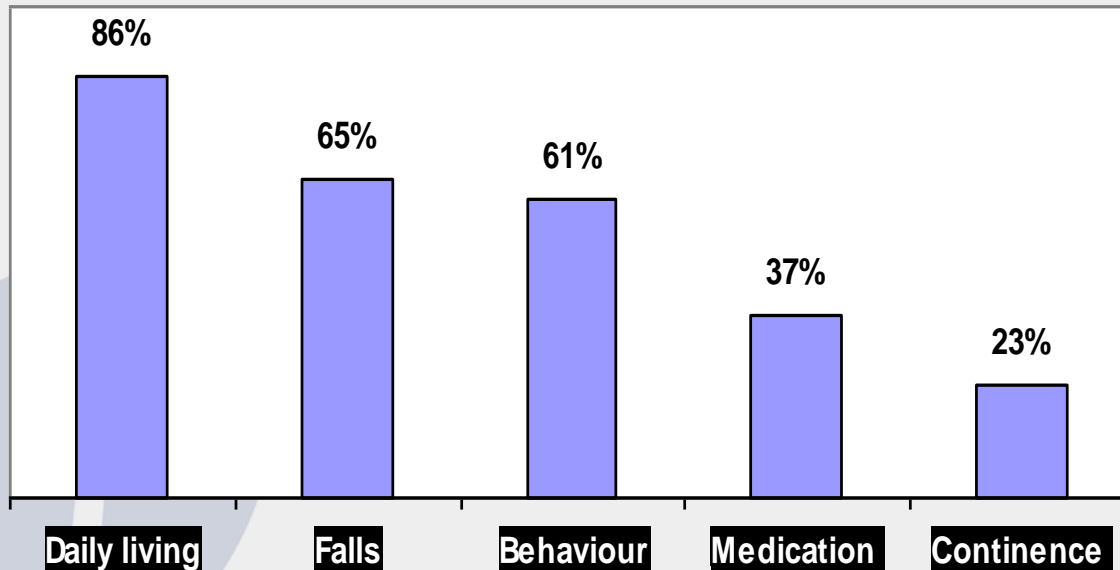
1 fall



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Results

- 90% (122) of those contacted were identified with at least one potential medical issue



Results

	Clinic attendees	Clinic non acceptances
Unplanned admissions	10.3%	23.7%
ED presentations	12.8%	39.5%
Medications changed	42%	
Further referrals made	39%	



2014 ISLHD

Clinical Director of Aged Care. Narelle Evry FT Nurse Manager

For Aged Care

- 10.4 Geriatricians/CNC's in Aged Care all sites all rotate through TWH
- More trainees keen for specialist appointments than positions currently available
- RACP accreditation for AT training 7 x 2yrs, and 1 x 6 months in Shoalhaven (max available and completes training 3 years*)
- HETI accreditation for interns and BPT's
- FT service development officer and research support officer
- FT community aged care manager
- Active research portfolio (>\$1 million 2011-2)Multiple current funding submissions
- Quality projects and Audits running concurrently
- Combined non core training with Psychogeriatrics/ palliative care/ neurology/Research
- Orthogeriatric service
- STP trainees in ehealth*, rural, orthogeriatrics



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2014 Aged care continued

- 24 hour acute receiving through TWH ED 7 days
- Urgent ED avoidance clinics 2 slots daily*
- Outpatient clinics 4 days per week TWH
- Advanced Trainee and Specialist consult service for all specialties
- Outreach and ehealth service for RACF*
- RACCAL – CNC held advice line for RACF*
 - * collaborative with ML/NSW Ambulance/ED



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2014 Aged Care continued

- Acute unit SHH Sunday to Friday
- Consults to other clinicians
- Outpatient clinics
- Potential for RACF outreach and ehealth*



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Shoalhaven Hospital

- Geriatrician appointed and specialist AT in place
- No dedicated inpatient beds but consult and Take over care service available
- Outreach to RACF and ehealth
- Accreditation with RACF for AT and post filled.
- Outpatient clinics
- Outreach clinics to Wreck Bay and MuH



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Smaller hospital Sites

- Bulli Hospital – Restart Illawarra funding to enhance infrastructure and develop further links with RACF
- 54 Geriatric medicine beds (flexible GEM and Acute)
- MDT outpatient clinic daily GOTU
- Direct admissions for appropriate patients
- ACAT on site
- Transitional Care on Site



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Smaller Hospital Sites

- Kiama Hospital
- Restart Illawarra funding to redevelop inpatient infrastructure
- 20 inpatient geriatric medicine beds (GEM)
- Outpatient services for Geriatric Medicine
- YOD clinic recently commenced with AA.



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Coledale/PKH/DBH/MuH

- Some maintenance beds Coledale
- Other hospital inpatients are Rehab and Palliative care but Geriatric Medicine consults available to all sites



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Where to from here?

- Consolidate and improve breadth of services
- Improve accommodation TWH/ Bulli/Kiama
- Develop integrated care* see next slides
- Continue strong links with research and quality improvement as part of service development.



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Current goals 2014 - 16

- Outreach and linkage services for self-care units and independent living
- RACF Hospital in the home / Flying Squad (including Allied Health Services)
- Geriatric 'Drop-in Clinics'
- GP hosted Geriatric Clinics
- Geriatric Emergency Department
- Geriatric Medical Assessment Unit
- Geriatric pre-admission clinic with anaesthetics
- Delirium recognition and support all sites



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Integrated Aged Care- ISLHD

Macro - National/State

Involvement in:

- National Aged Care Alliance
- Development of national guidelines for ACAT
- ACI Minimum Standards for hip fractures
- ACI Care of the Confused older person project
- CEC TOP 5 project
- ACI solution design Integrated care of the older person with complex health needs

Meso - Regional

Involvement in:

- Dept Premier & Cabinet Ageing in Illawarra Taskforce
- ISML Aged Care Taskforce
- IHMRI- Healthy Ageing theme director
- Multi sector end of life planning committee – ISLHD ISML Alz Aust HACC
- National Respite for Carers Centres Nowra & Ulladulla
- Aboriginal community clinics – Wreck Bay
- Dementia Advisory Services – HACC
- Illawarra and Southern Dementia Networks

Micro - Local

- Specialist inpatient and consult services
- Orthogeriatrics
- Outreach to RACF
- Supported by Telehealth consult in aged care facility
- Clinical advice line for RACF
- ASET & AARCs
- Falls clinic
- Psychogeriatric shared care
- Outpatient clinics supporting admission avoidance
- Primary health provider support by treatment plan to GP for every patient inc outpatient and outreach ACAT
- Transitional Aged care programs
- Community and Acute Dementia Delirium CNCs



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ISLHD Two components of integrated care

- Transition in and out of hospital -
 - Initial contact/ access
 - Management & Planning
 - Crisis/acute care
 - Supportive, palliative & end-of-life care.
- Care within hospital -
 - Crisis/ acute care
 - Specialised health care
 - Recovery/ rehabilitation
 - Supportive, palliative & end-of-life care



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Background funding opportunities 2011-14 ISLHD

- MoH Connecting care funding
 - Geriatrician positions to support GP management of frail elderly in residential aged care. \$350,000 recurrent
- MoH telehealth grants*
 - \$150,000 non recurrent
- Research funding \$600,000 REACH OUT in Dementia project
- Redefine CNC position role to include outreach
 - Agreed with GM TWH and SHH commenced Feb 14, in line with CNC review district wide

* whole division



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Upcoming Opportunities

- Aged Care Service Improvement and Healthy Ageing Grants – 3 yrs – Dementia Care in Hospital – SAFE Team (Specialist Assistance For the Elderly)
- Integrated Care Project Grants – Planning and Innovation Fund – Collaboration between NSW Ambulance, Alzheimer’s Australia and ISLHD - Funding to support current outreach services.



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