

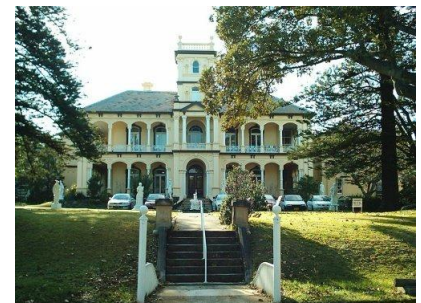


The Geriatric Flying Squad

War Memorial Hospital - Waverley

Uniting Care Ageing – Sydney Region

- Community based specialist geriatric hospital – “one stop shop for the elderly”
- Physio, Hydro, OT, SW, Speech, Contenance, Dietician, Falls and Parkinson's clinics, inpatient rehabilitation
- Based in the out-patient department at WMH
- Use of all of the WMH resources



The Geriatric flying squad

- A need for fast response geriatric community care was identified
- Community dwelling elders were presenting to emergency rooms because the wait for community care was up to 6 months
- A successful proposal to COAG
- The Flying Squad was born



- Geriatric assessment and management
- Improve quality of life
- Improve or maintain functioning
- Prevent hospital admissions
- Bypass emergency departments



The flying squad



Geriatrician



Nursing



Social Work



Physiotherapy



Occupational
Therapy



Clinical
Psychology



Administrative
Assistant

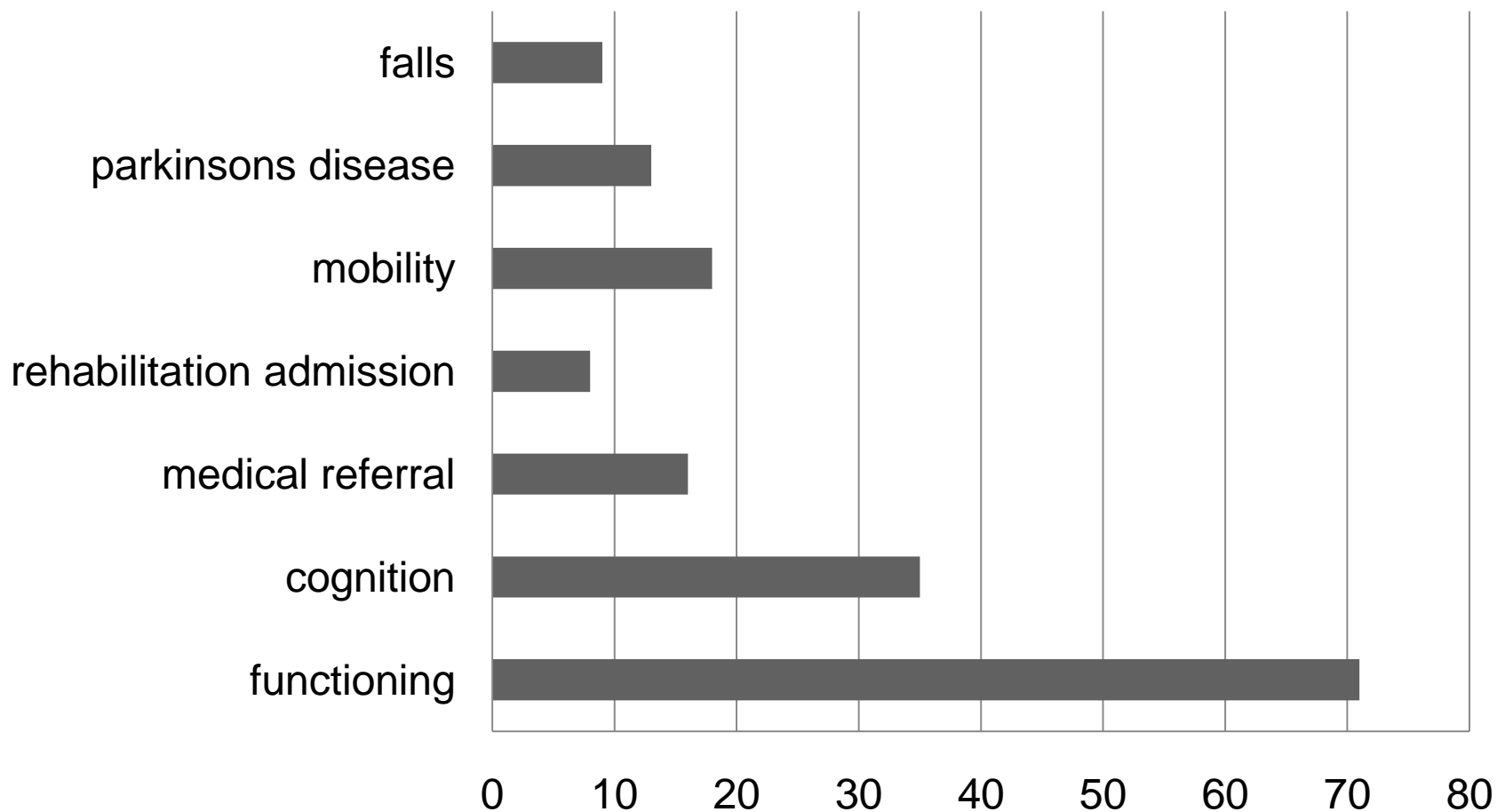


Model of care

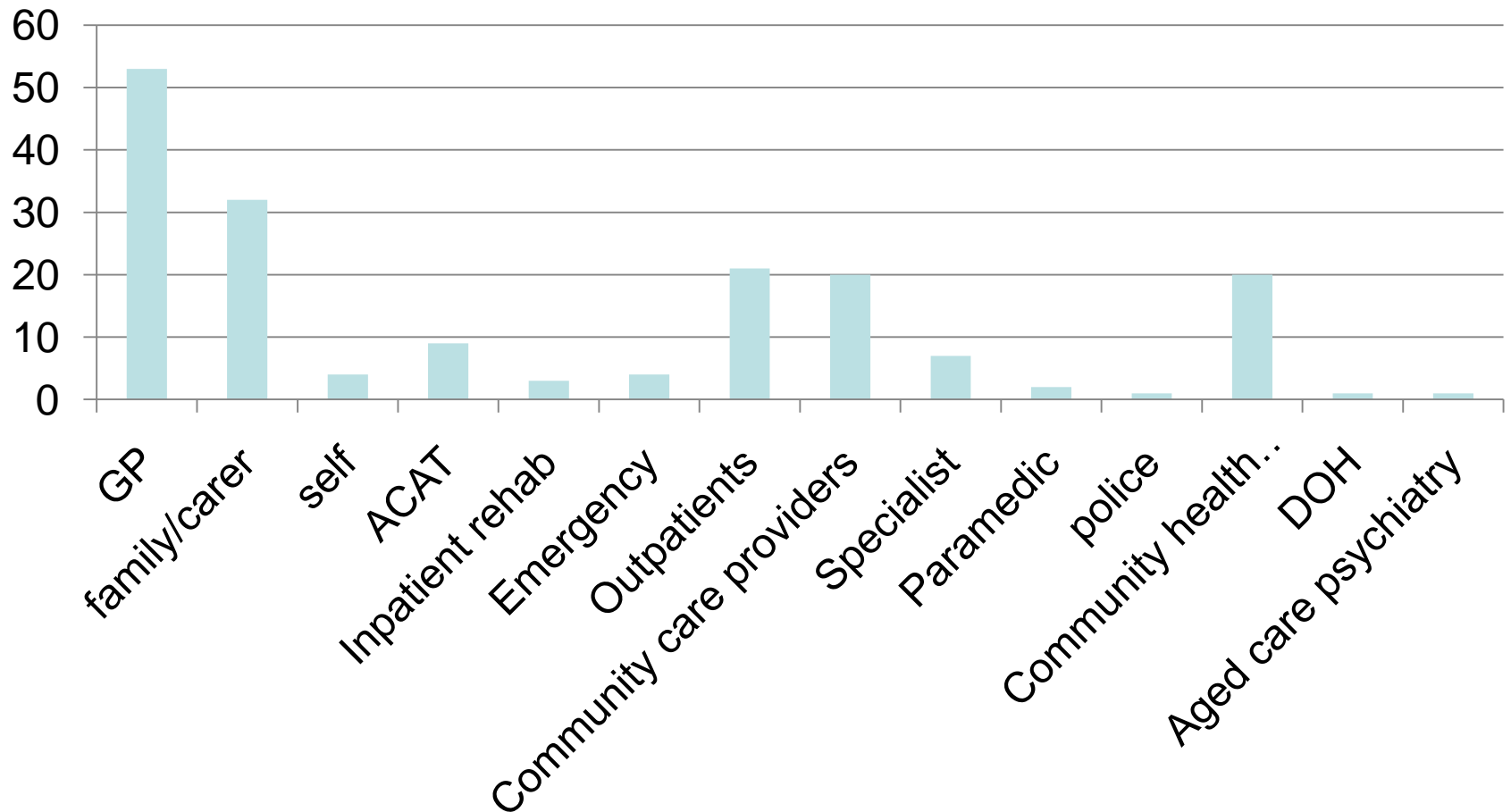


Reason for Referral

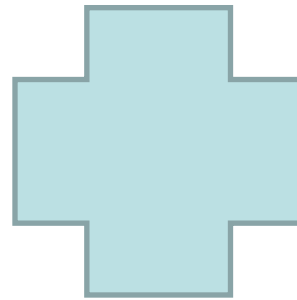
Reason for Referral



Referrers



Triage



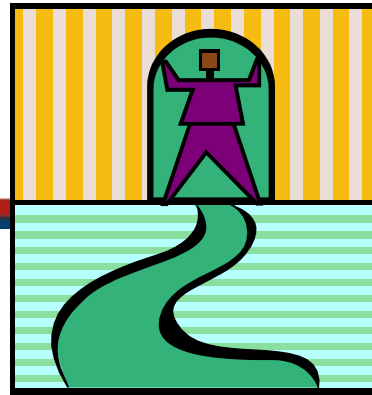
CHIME

Assessment

- Community based
- Comprehensive - medical, social, cognitive, environmental
- Observations and urine (if required)
- Use of standardised assessments and measures
- MMSE, RUDAS, Barthel, Geriatric Depression Scale



Pathways of care



- Flexible
- Direct admission into MAU at St. Vincent's and POW
- Direct admission into WMH inpatient rehabilitation
- GFS MDT management – assessment by some or all the different disciplines
- Case management of GFS recommendations – 12-15 weeks.

Case Study - Mr P.

- Mr. P, 74 yo man, Parkinson's disease.
- Attending out-patient physiotherapy for a number of weeks.
- Poor mobility, multiple falls, lives alone no NOK, no services, often smells of alcohol.
- Refer to flying squad for further investigation and management.

- Would not let us into his house
- Assessment in OPD
- Engaged him by helping him with things he viewed as important to him
- SW - refused services and social activities
- Weekly phone call – weekly request to come into his house
- Geriatrician review- depressed, anti depressants, CBT

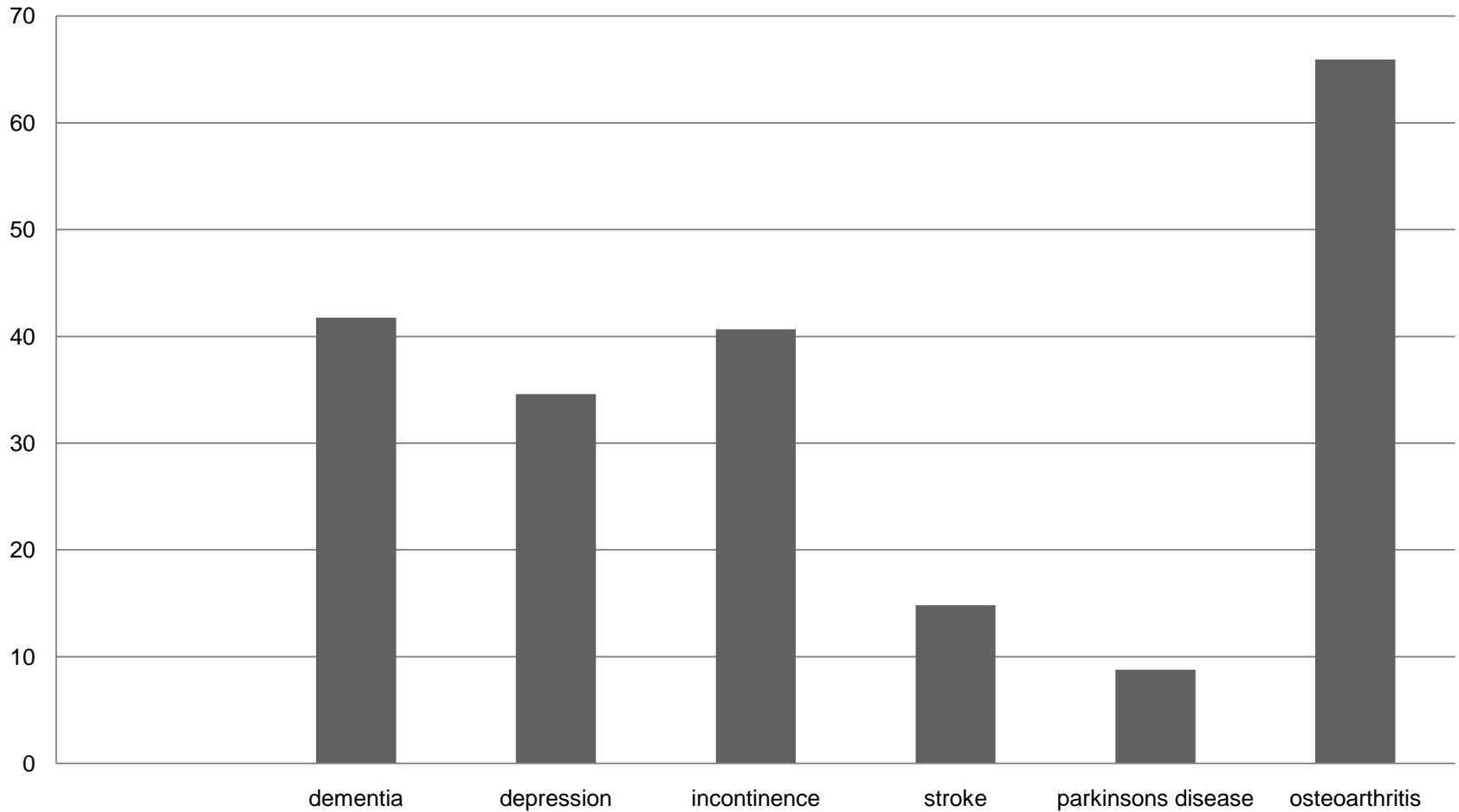
- Clinical Psychology assessment and started CBT
- OT- Allowed in the house, new hot water system, clean up house, home mods
- PT – finished individual therapy moved onto Parkinson's group
- Requested social activities

The patients

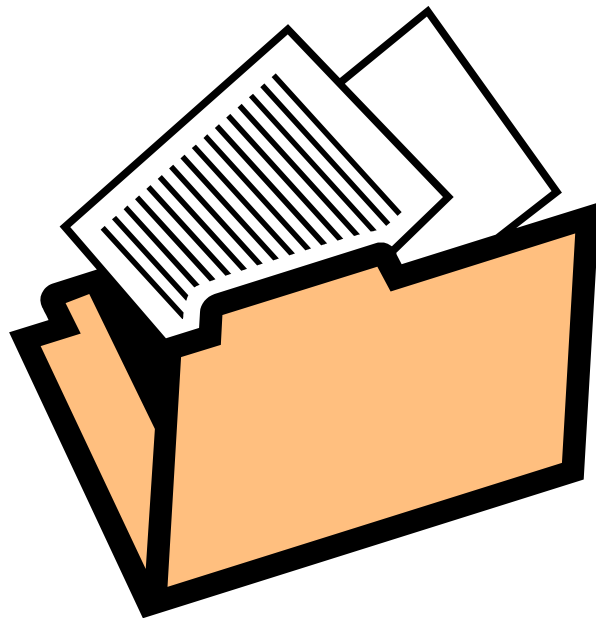
- Average age of 83
- 4.4 co-morbidities
- 6.3 medications
- Barthel 67.5
- IADLs 6.64
- FRAT 10.48

Co-morbidities

co-morbidities



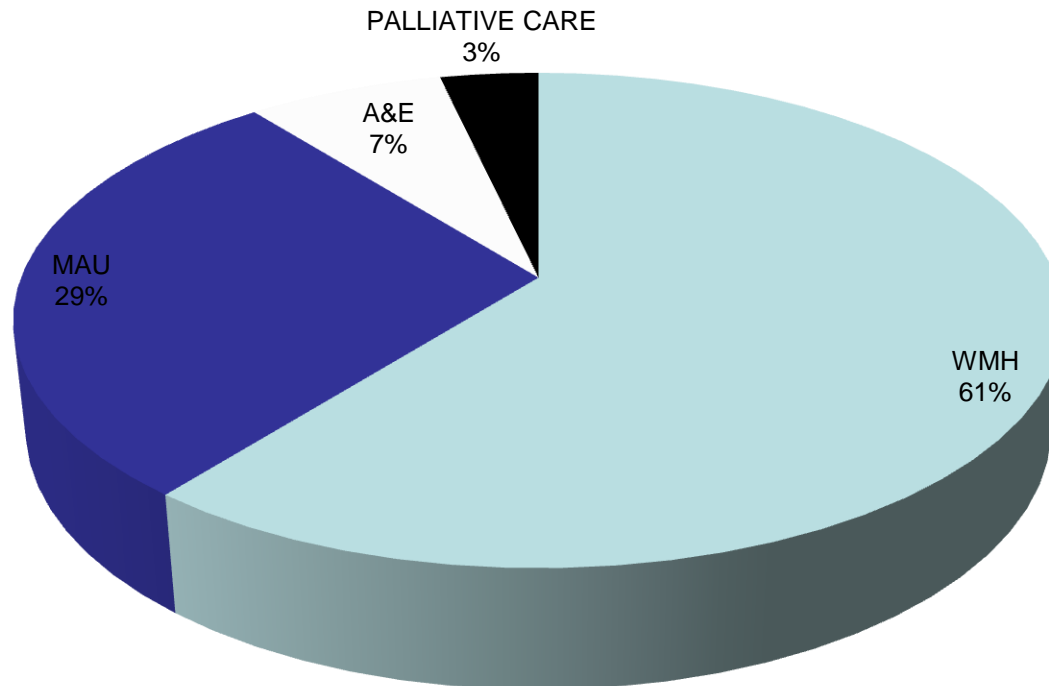
Innovations



- Assessed over 250 patients in 15 months
- High levels of client and GP satisfaction on survey
- Preventing hospital admission – 80 ED visits
- Maintaining functioning and reducing falls risk
- Bypassing emergency rooms when hospital admission is inevitable

Admission organised

Admissions Breakdown



HESTA Australian nursing award for innovations in nursing



SESLHD Clinical Team of the Year





Helping hands for our elders

LISA HERBERTSON

WITH a motto to do whatever it takes and never say "we can't help", it is no surprise that the Geriatric Flying Squad took out the Innovation in Nursing category at the recent HESTA Australian Nursing Awards.

A team at Waverley's Uniting Care's War Memorial Hospital developed the rapid-response nursing service for older people struggling in their homes.

"Our clients are community-dwelling elders who are falling at home for some reason," said clinical nurse consultant Amanda Klahr.

"They are referred to us by a concerned GP, neighbour, carer or family member."

The service, which is in its second year, aims to try to maximise the quality of life of elderly locals who live in their own homes and might need some extra help.

The program provides com-



Team members Tash Clark, Dr James Hardy, Treena Jackson, Amanda Klahr and patient Debora Morris.

prehensive geriatric assessments, multi-disciplinary help in the home and referrals to appropriate services. The team of eight includes a clinical nurse specialist, a doctor specialising in geriatric care, a social worker, occupational

therapist, physiotherapist and clinical psychologist.

"No two patients follow the same pathway of care," Ms Klahr said. "It's about fitting the service to the client's needs. If I go to a client's house and they need a bath - I give them a

bath. Whether it's a cognitive assessment, a leg ulcer, a complicated family situation, or transport to a medical appointment, I can do it."

The Geriatric Flying Squad won a \$10,000 grant to further develop its service.

- Multiple service providers – community health
- Lots of effort for very small gains – hard to see what we are achieving
- 2.5 FTEs
- Large geographical area
- Large clinical load – not enough time for service development
- Need to prove our efficacy – research required

growth

excellent
service

future?

Copy our
model of care

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Any questions

