

Acute/Post Acute Care for the Frail Aged

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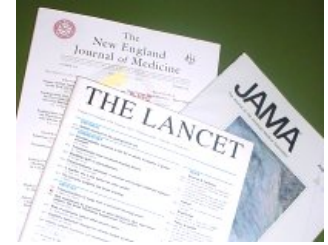
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Acute/Post Acute Care – Aged Care

- Background
 - Hospital in the home
 - Hospital hazards
- APAC-Aged Care
 - Description
 - Process of set-up
 - Preliminary outcomes

Hospital in the Home



- Variety of models
- Cochrane meta-analysis 2005
- *“A service that provides active treatment by health care professionals in the patient’s home of a condition that would otherwise require acute hospital in-patient care, always for a limited time period”*

Hospital in the Home

- Evidence of HITH equivalence

- Mortality

OR 0.77

95%CI 0.45 to 1.33

- Readmission rate

OR 1.33

95%CI 0.72 to 2.46

- Less 'Geriatric type' complications

Hospital in the Home

- Satisfaction
- Cost
- Complementary role
 - Small numbers
 - Audit

Potential APAC-Aged Care patients from inpatient cohort

- 90 consecutive acute geriatric medicine patient discharges RNS Hospital August 2007

- Potential APAC-Aged Care patients satisfied the following:

1. Medically stable	48	(53%)
2. 'Routine' investigations	27	(30%)
3. Function stable	24	(27%)
4. Community medical management	43	(48%)

- All criteria satisfied in 5 patient episodes

Hospital hazards for the elderly

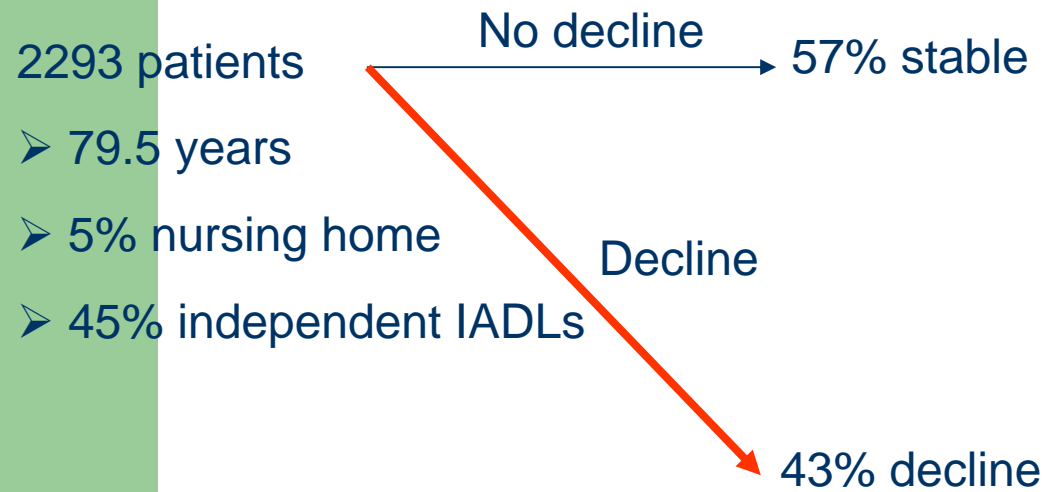
- Increased risk of
 - Delirium
 - Falls
 - Adverse drug reactions
 - Functional decline
- Longer length of stay
- Increased risk of institutional care

Baseline → Admission → Discharge

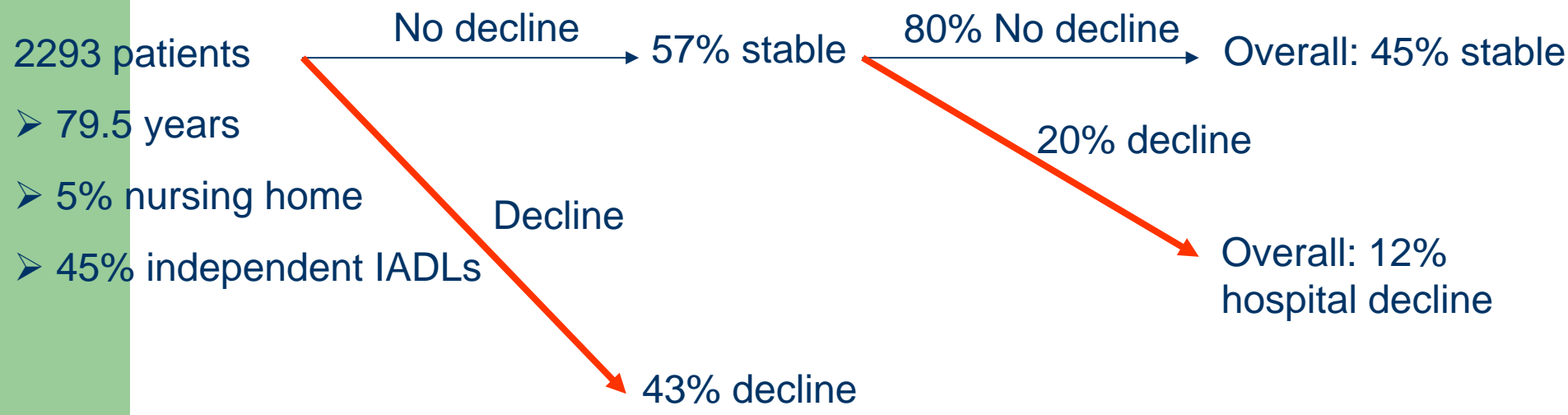
2293 patients

- 79.5 years
- 5% nursing home
- 45% independent IADLs

Baseline → Admission → Discharge



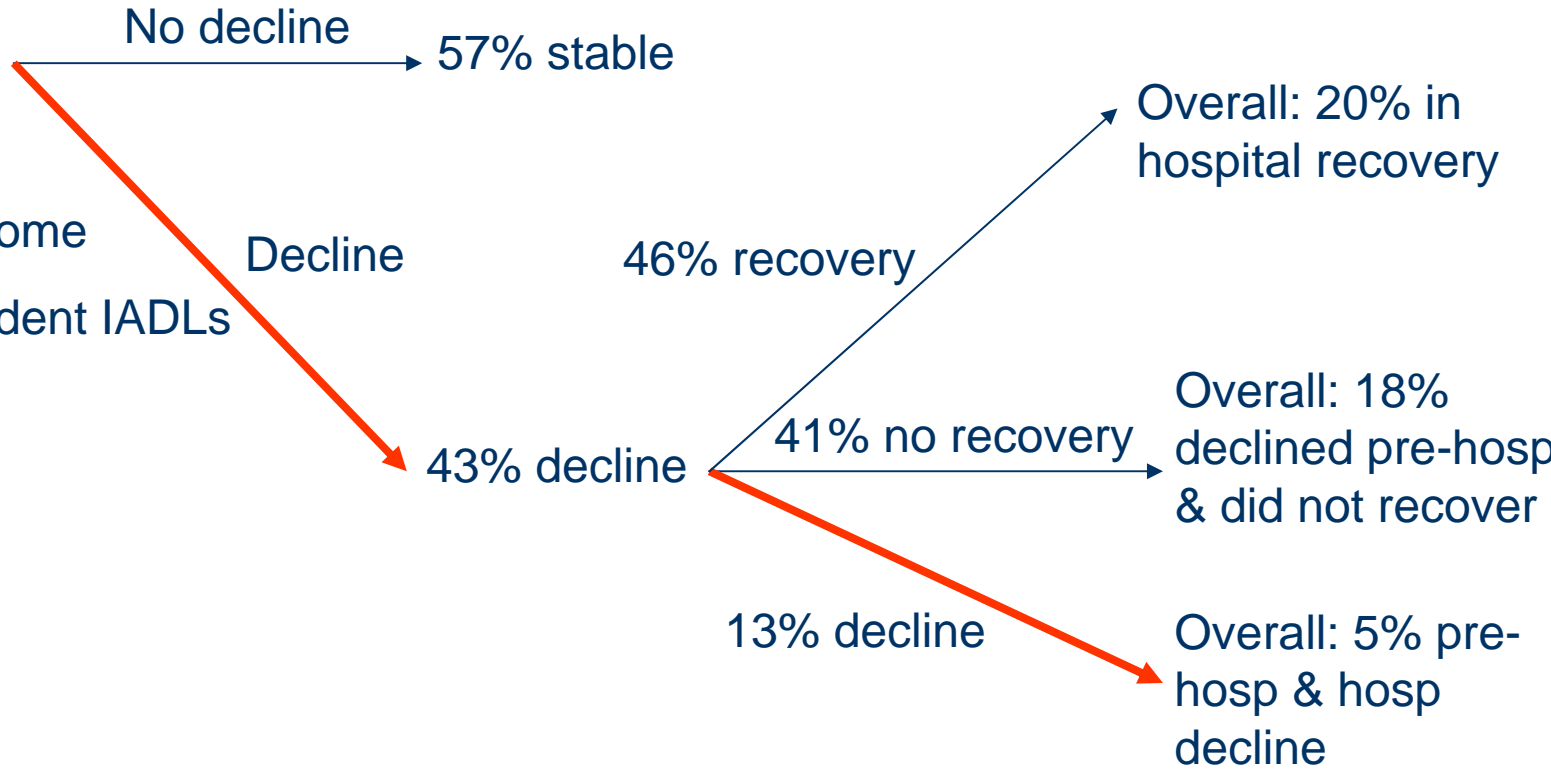
Baseline → Admission → Discharge



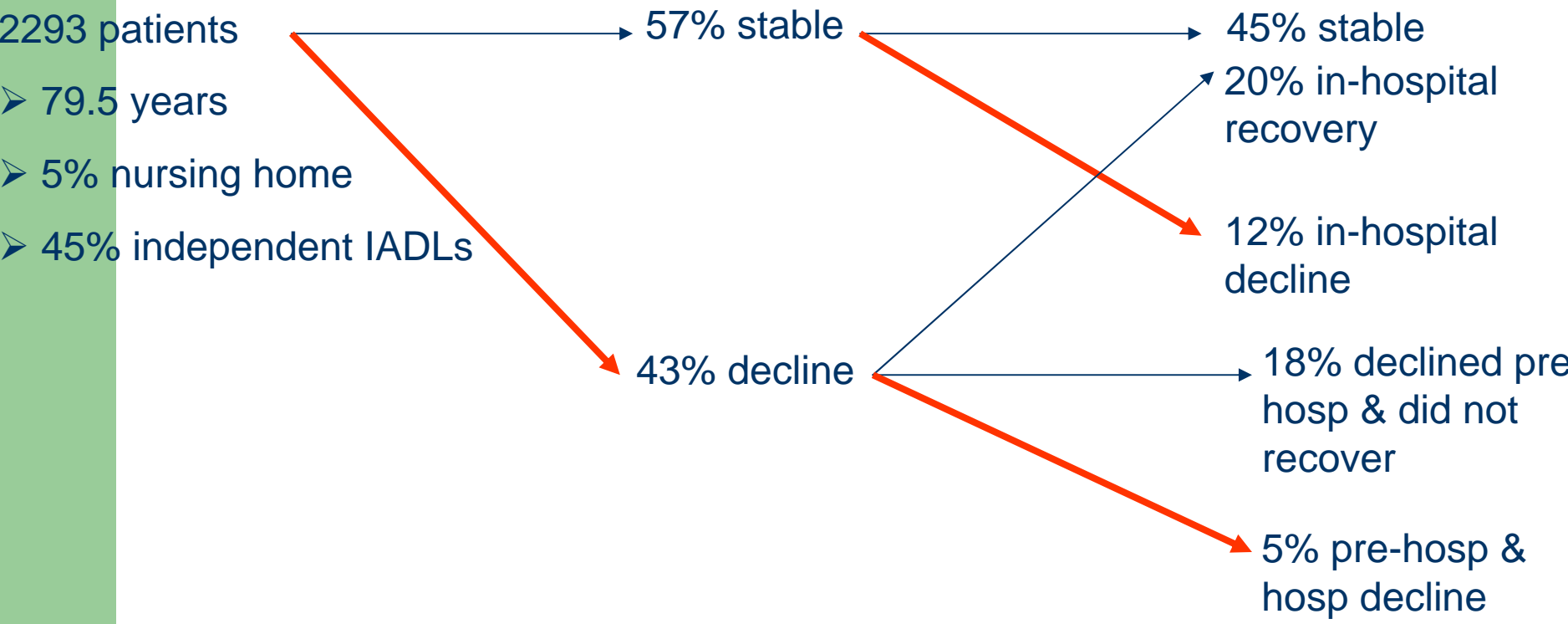
Baseline → Admission → Discharge

2293 patients

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Baseline → Admission → Discharge



Acute/Post Acute Care (APAC)

- Early discharge
- 7 days a week access to:
 - Therapeutic interventions
 - Allied health
 - Diagnostic services
 - Social support

Acute/Post Acute Care (APAC)

- Core business
 - Pneumonia
 - Cellulitis
 - DVT
 - UTI
 - COPD
- RNSH 8 years

APAC-Aged Care

AIM

- To provide a true 'hospital alternative' for
 - Elderly patients
 - Home or RACF
 - Acute/subacute functional and medical decline

APAC-Aged Care

STRUCTURE

- APAC
- GP referral
- Geriatrician/registrar “*community consult*”
- Core business PLUS
- “Would you otherwise send this patient to hospital?”
- “Is this patient at risk of hospital admission?”

APAC-Aged Care

PROCESS

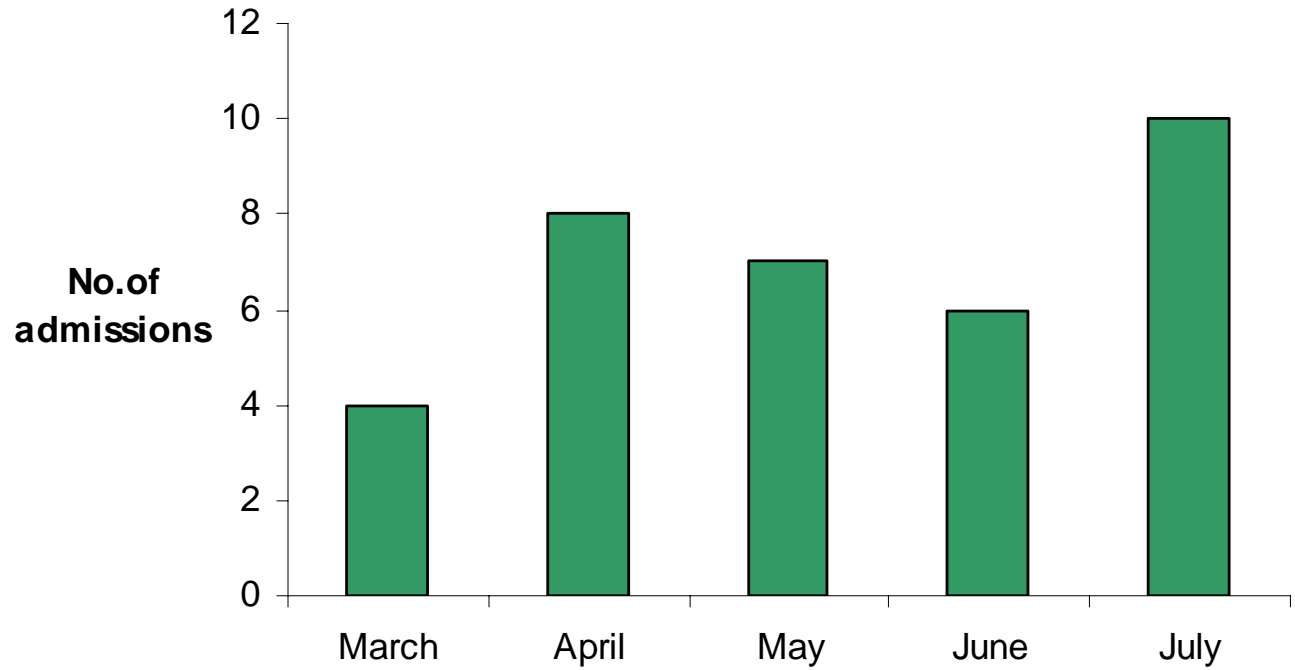
2007	Consultation & development	} ➤ Literature review ➤ Inpatient audit ➤ Guideline development
Feb 08	Community aged care registrar	
Mar 08	Steering Committee established	
April 08	Pilot	
May 08	GP network mailout	
June 08	Commence wider roll-out to GPs, RACFs, community pharmacists,	
July 08	patients and carers	

APAC-Aged Care

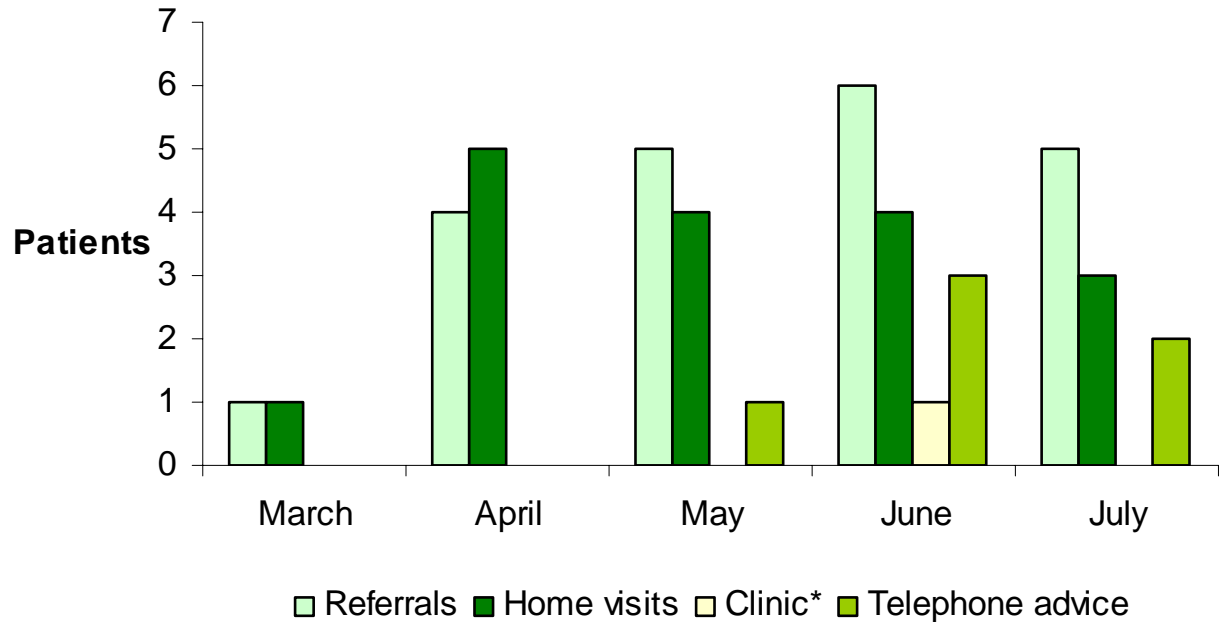
OUTCOMES

- APAC-Aged Care GP admissions
- Community Aged Care/APAC registrar consultations
- Patient characteristics

GP admissions



Community registrar



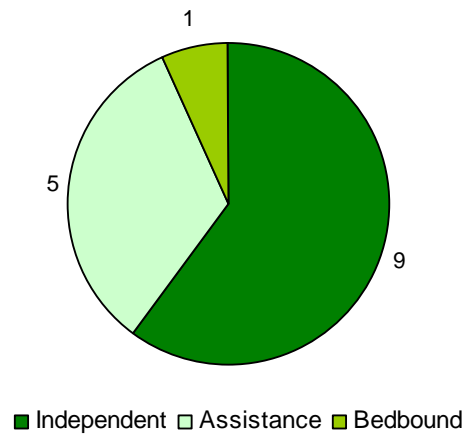
APAC-Aged Care: patient characteristics

	APAC-Aged Care Registrar	APAC-Aged Care GP	APAC RNS Hospital
Age	84	77	61
Accommodation			
Home	14 (67%)	24 (69%)	302 (95%)
RACF	7 (33%)	11 (31%)	16 (5%)

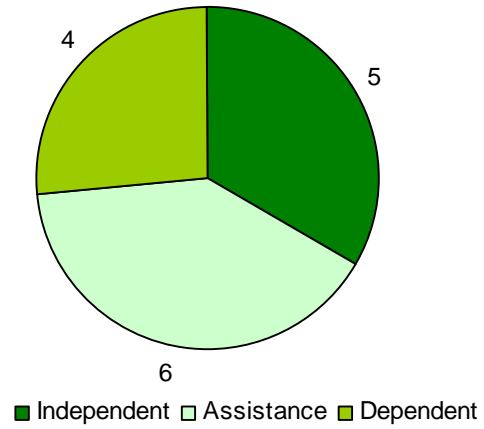
APAC-Aged Care: Community Registrar



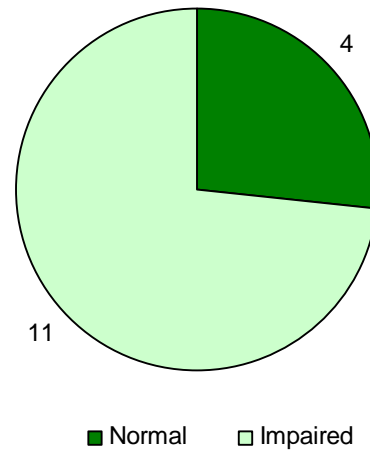
- Mobility



- Self-care



- Cognition

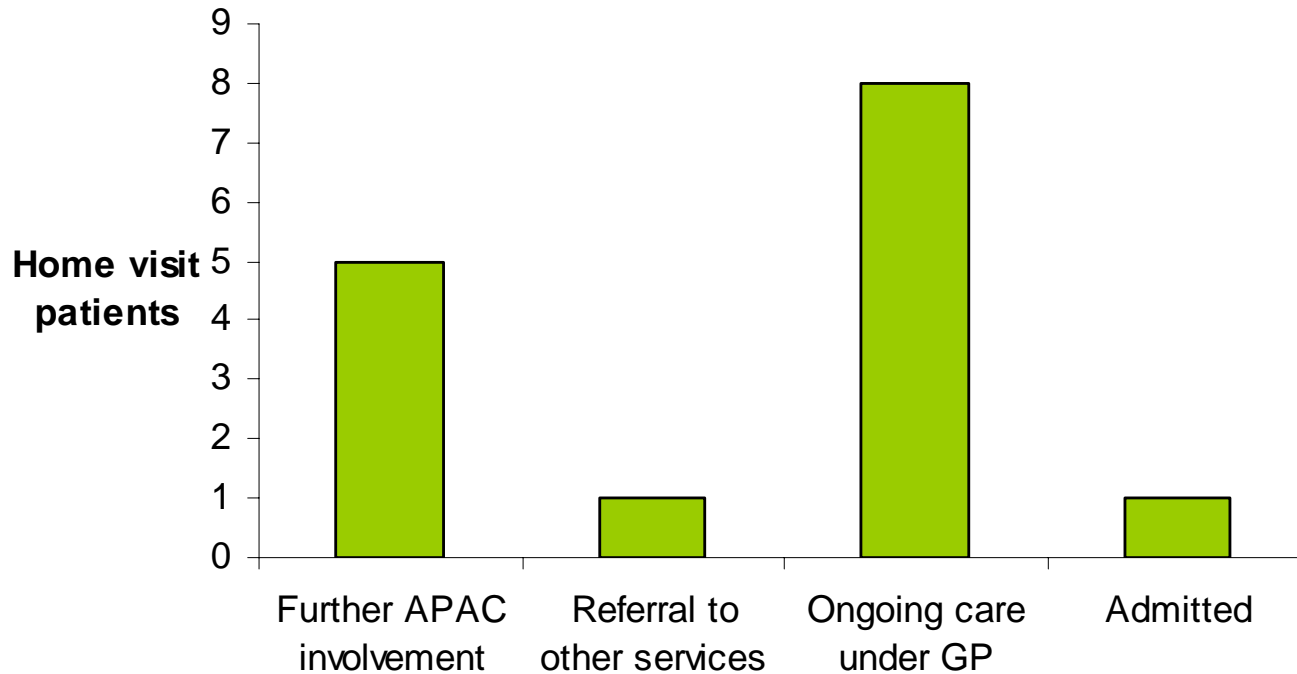


APAC-Aged Care

➤ Diagnoses

- Aspiration pneumonia
- Degenerative spinal disease
- Pelvic fracture
- Bowel obstruction
- Hypo/hyperglycaemia
- Hyponatraemia
- Cardiac failure
- Chronic alcoholism
- Osteomyelitis
- Advanced dementia

APAC-Aged Care: Community Registrar



APAC-Aged Care

- Positives
 - Hospital alternative
 - Community support and education
 - Elderly patients
 - Medically and functionally complex

APAC-Aged Care

- The To Do List
 - Continue roll out
 - Ongoing evaluation
 - GP availability
 - Future expansion