Health
South Eastern Sydney
Local Health District

southcare geriatric flying squad

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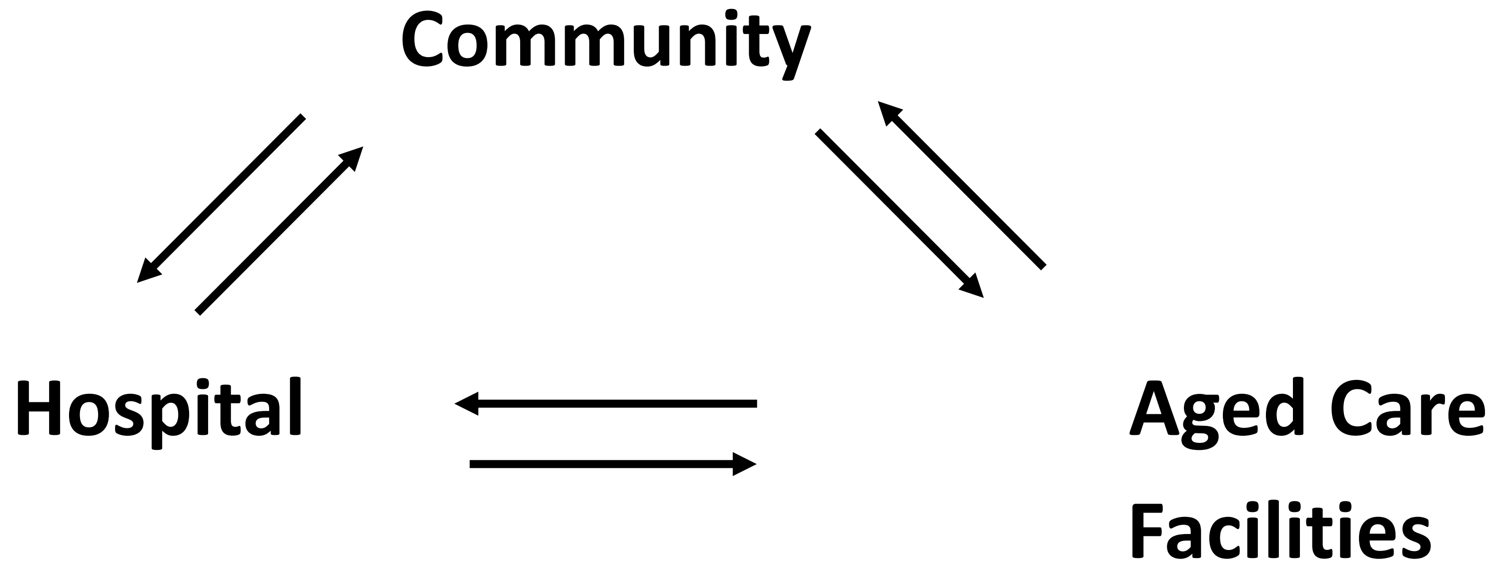
Aged Care Principle:



Southcare

(Division of Aged and Extended Care)

"One Stop Shop in Aged Care"

Hospital services

MAU(ACAU)/Acute
Orthogeriatrics
Behaviour unit
Rehabilitation

Community Services

- ACAT
- ASET
- Transitional Care(STACS)
- Community Nurses
- Chronic Care (SHALT)
- Rehab(o/T,physio)
- Aged Care Information & Liaison Service
- Continence
- Geriatrician Outpatients
- Dementia Monitoring
- Dementia Respite
- Dementia Education/Resources (associated with Alzheimer's Assn)
- Frail Aged Respite
- Caring Centres Co-ordination
- Community Options/COMPACKS
- Mobility Group
- Positive Living Courses
- Aged care facility Consultations
- Podiatry
- Transport
- Community Pharmacy
- Dietetics
- Hydrotherapy
- Equipment Lending Pool
- Geriatric flying squad/NPACT
- Garrawarra medical services

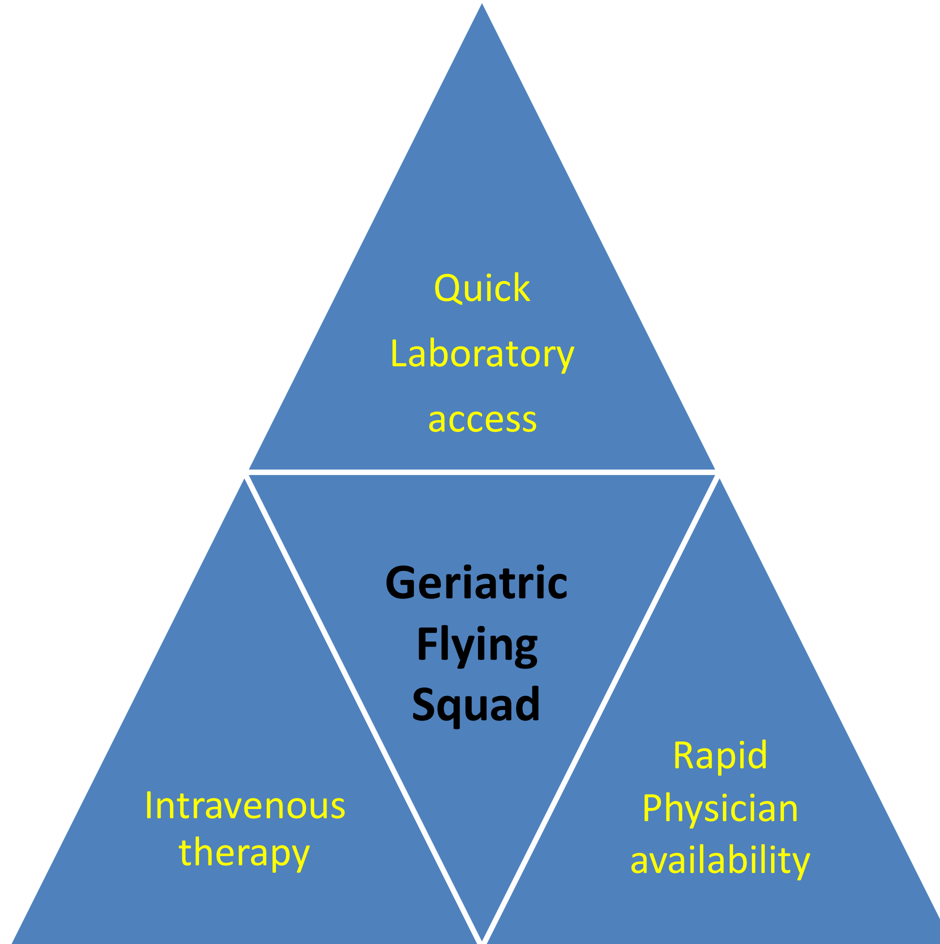
Geriatic flying squad
background

- 10% Australian population > 70 years
- 8.6% > 70 years live in RACF
- 30%> 85 years live in RACF
- 17-26% RACF residents hospitalised/year
- Hospital complications- delirium/falls/infections/medications
- End stage disease not well recognised
- Mortality of hospitalised RACF admissions:

  40%-1 year   80% -2 years

Staffing

Factors affecting hospitalisation from RACF



What we do

Any resident from aged care facility with acute deterioration in whom hospital transfer is been considered

Review by Geriatrician/Nurse Practitioner within 2-4 hours

GP consents to service

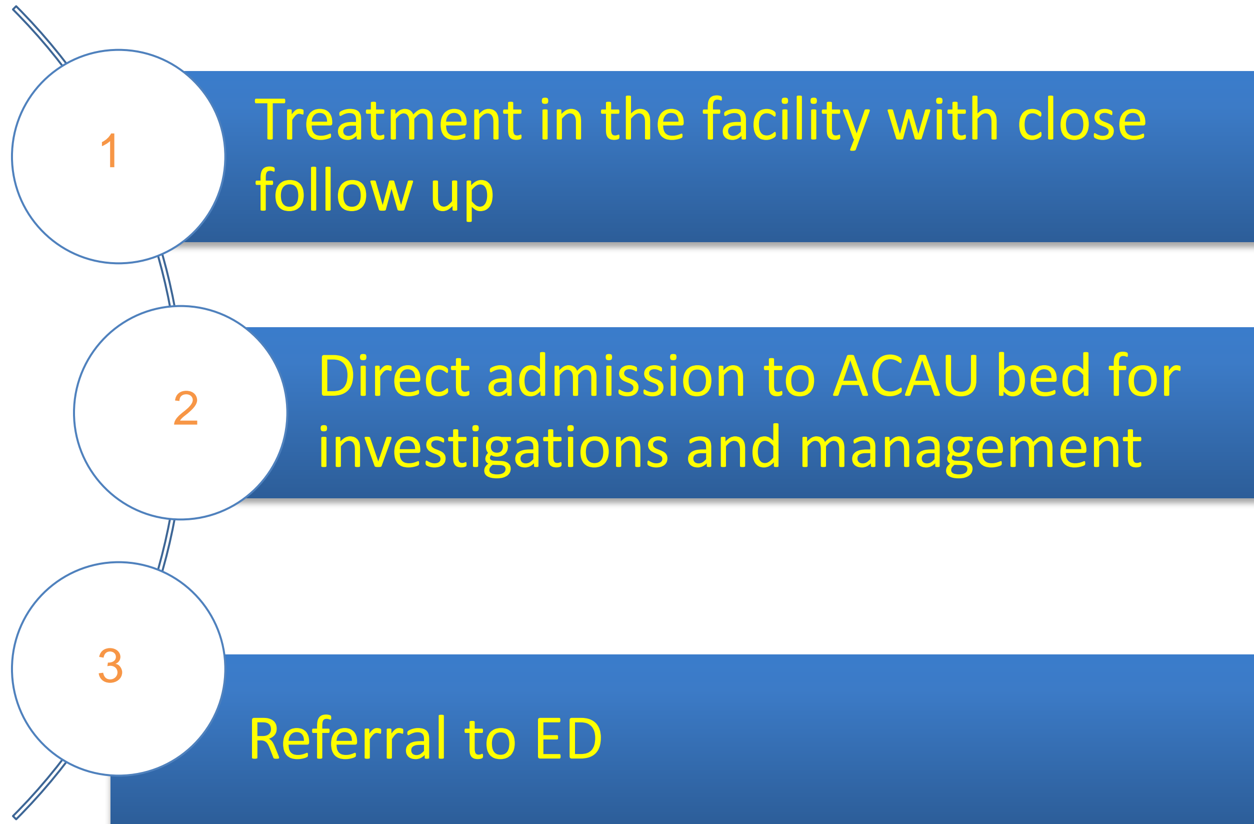
Excludes

Life threatening illness/surgical problem for active treatment

Ongoing chronic issues

GP not consenting

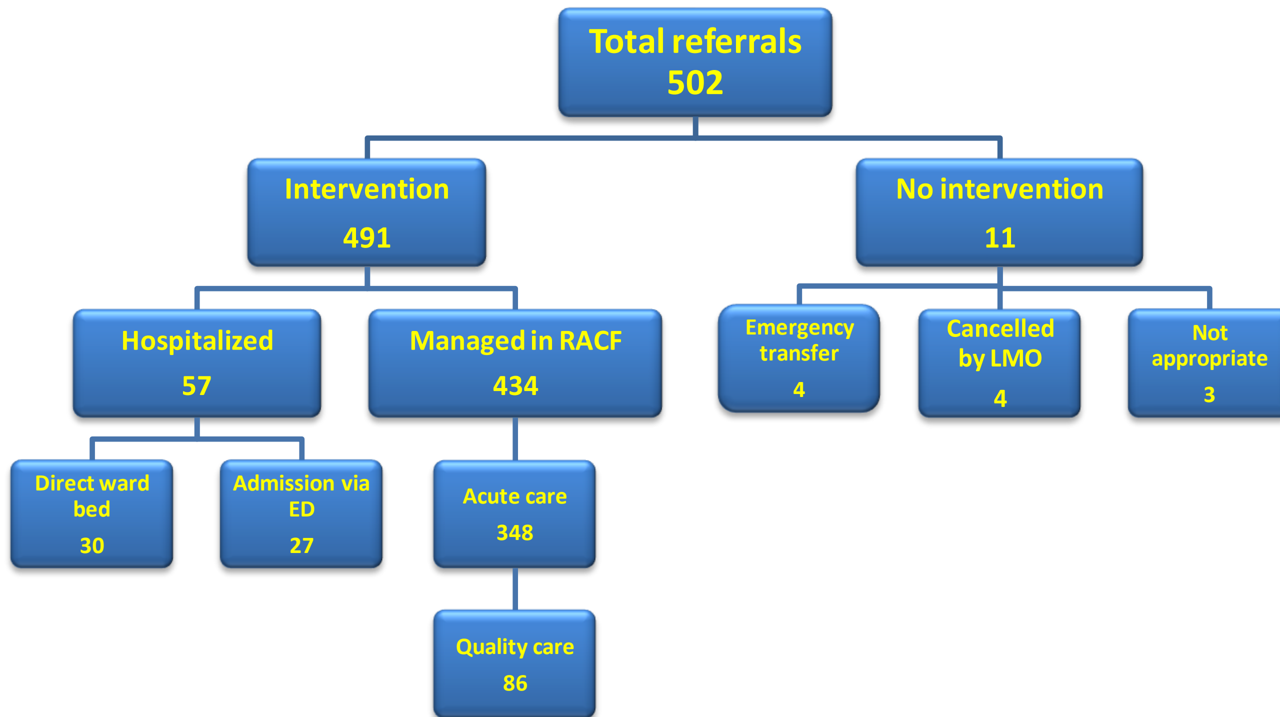
Pathways of care



Service goals

- Improve quality of care by minimizing disruptions in care and iatrogenic complications in hospital
- Improve palliative care services in RACFs
- Reduce avoidable hospital admissions
- Off Load Emergency by facilitating direct admissions

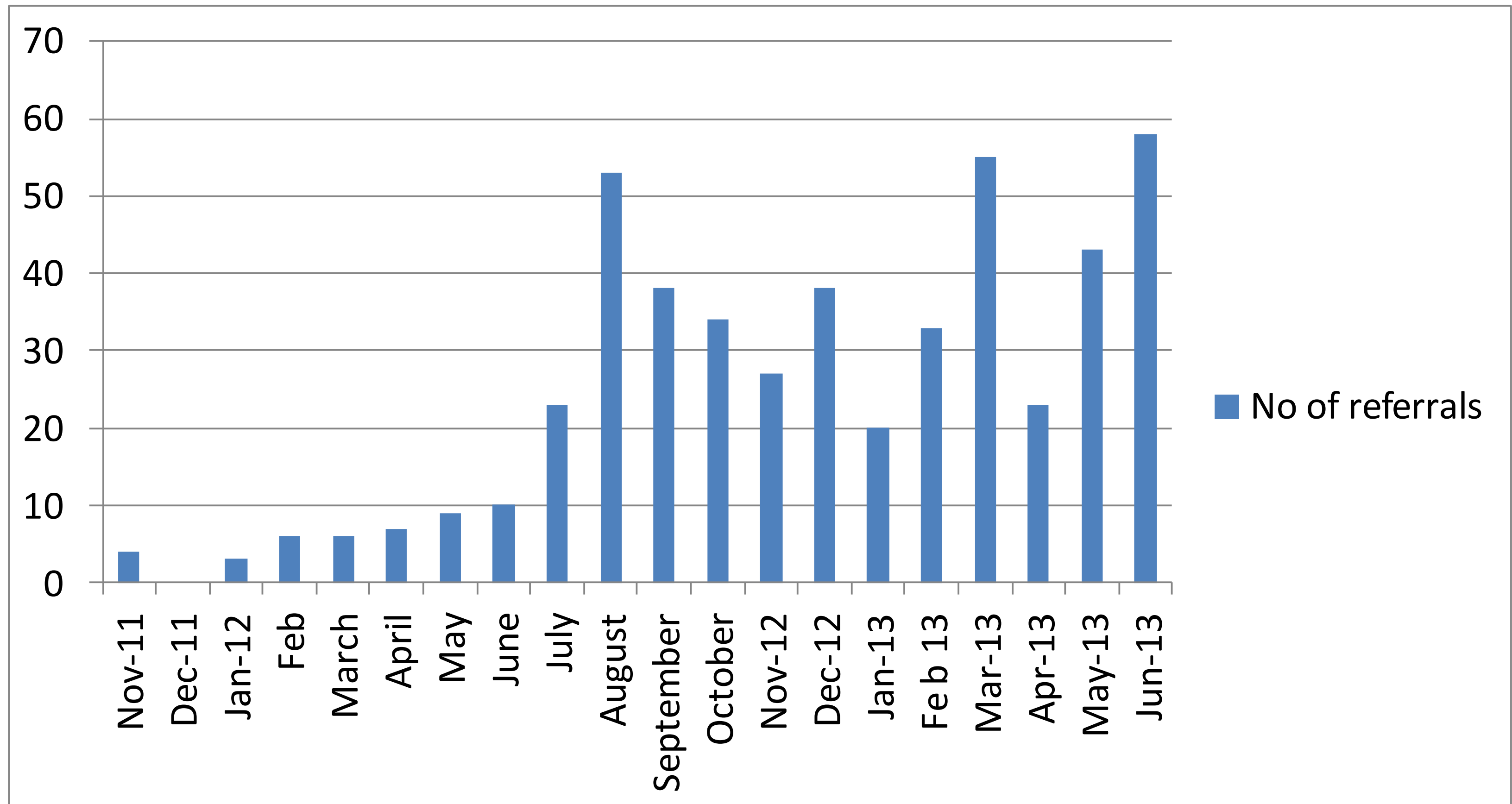
01/11/2011-30/06/2013



Number of ED presentations prevented – 378/491 (77%)

Number of hospitalization prevented- 348/491 (70%)

Referral trend



Referral reason	No of patients
Delirium	72
Chest Infection/Aspiration	65
Abdominal symptoms	65
End of life/symptomatic care	64
Cellulitis/Other skin infections	59
BPSD	33
CCF/chest pain/tachycardia/syncope	29
Sepsis of unknown origin/General Rv	39
Pain control	24
Acute musculoskeletal /mobility issues	18
Acute stroke/headache	8
PEG tube replacement	7
High INR	5
SPC reinsertion	2
Anaemia/DVT	3
Diabetic foot gangrene	2
Acute Ischemic leg	2
Withdrawal from alcohol	1

Equipment used for the service

- Car
- Medication
- IV drug kits
- IV fluid bags
- Syringe drivers
- Bladder scanner
- Portable ECG machine
- Portable audio venous and arterial doppler

Benefits

- Comfort
- Patient/family/carer/aged care facility/GP satisfaction

- Transport reduction(ambulance)
- bed usage reduction(ED and general ward)

- Cost:$188,000/year
- Efficiency:$437,400

Challenges

- Getting referrals from RACFs
- Ability for RACF to continue care
- After hours
- Workforce-reliant on expertise and staff numbers
- (GP buy-in)
- Relationships:GPs/RACFs/ED/wards/private hospitals/community services-nursing,continence,stoma,palliative care