



EXECUTIVE SUMMARY for NSW HEALTH: July 2007 Aged Care Network Workplan 2007-2008

A) MAJOR ACHIEVEMENTS

1. **Networking**

Established a means of networking for clinicians and consumers associated with community and in-hospital aged care services within and across Area Health Services. Multidisciplinary Forums connected over one hundred clinicians and consumer participants with an interest in or working in hospital, community and or residential aged care.

The aged care network's information distribution list now includes over 400 people.

2. **Proposal to implement the endorsed model of care**

Developed a proposal to implement the endorsed model of care that prescribes a population-based 20 to 30 bed centralised ward with a dedicated multidisciplinary team and specified staffing levels for acute aged care clients. It highlights practical strategies for staff recruitment and retention and the value of centralised care for the acutely ill older person now utilised by a number of acute aged care units. Workforce figures used in this document may now need to be updated.

3. **Committed and dedicated clinicians keen to continue the aged care network and begin new projects**

The formation of a new executive and four working groups to enable improved quality of clinical practice, staff education and the achievement of better outcomes for the aged care patient demonstrates continued commitment by the clinicians to the GMCT networking process.

B) MAJOR CHALLENGES

1. Identification of existing models of care and gaps in service provision
2. Identification of additional models of care and solutions for implementation across targeted facilities.
3. Reviewing workforce requirements and creating workable incentives for positions that have historically been difficult to fill.
4. Lobbying for appropriate resources, funding and identified incentives.

C) MAJOR PRIORITIES for 2007/08

1. Reform the GMCT Aged Care Network and elect new Co-Chair.
2. Maintain and foster links with appropriate NSW Health departments
3. Management of behavioural disturbance (delirium) for the older person
4. Community and Residential Outreach
5. Orthogeriatric Liaison Services
6. Strategies to engage and link with other clinical specialties involved in the care of older people
7. The development of possible incentives to attract staff to unfilled positions